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CITY AND BOROUGH OF PIETERMARITZBURG.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Twelve Months
1st JULY, 1933 to 30th JUNE, 1934

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PUBLIC HEALTH DEPARTMENT,
PIETERMARITZBURG.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE PUBLIC HEALTH AND SANITARY CIRCUMSTANCES OF THE CITY AND BOROUGH OF PIETERMARITZBURG FOR THE YEAR ENDING JUNE 30th, 1934.

BY

C.C.P.ANNING, M.A., M.R.C.S., D.P.H.
MEDICAL OFFICER OF HEALTH.

PUBLIC HEALTH DEPARTMENT,

CITY AND BOROUGH OF PIETERMARITZBURG.

To His Worship the Mayor and
Town Councillors of the City &
Borough of Pietermaritzburg.

Ladies and Gentlemen,

I have the honour to present my report for the year ending on the 30th June, 1934.

It is my pleasure to draw your attention to the keen manner in which the staff of this Department has responded to the increasing calls upon their time and energy. The year has seen considerable activity and a pleasant spirit of co-operation both between the various branches of this Department and with other Municipal Departments has been noticeable.

I would also express my appreciation of the support given to me by the Chairman and by Members of your Health Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

C.C.P.ANNING.

MEDICAL OFFICER OF HEALTH.

28th SEPTEMBER, 1934.

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INTRODUCTORY.

This report upon the health and sanitary circumstances of the City and Borough of Pietermaritzburg for the year ending on the 30th June, 1934, is presented in accordance with the requirements of the Public Health Act (No.36 of 1919).

The work of the Public Health Department is detailed in the following pages and it will be seen that constant action has been taken during the year to protect the health of burgesses and to improve the sanitary condition of the Borough. Several essential extensions to the activities of the Department are described, but the aim throughout the year has been to educate and to assist the public in the preservation of their own health.

The heavy rains experienced during the summer made malaria control and the prevention of the spread of communicable disease, such as enteritis, more difficult than usual. Among the European residents a favourable year was experienced; among the non-European element poor economic conditions combined with adverse climatic conditions resulted in an increase in the tuberculosis, enteritis and general death rates - a position not by any means peculiar to Pietermaritzburg during this year.

It is, however, a matter for great satisfaction that both the malaria and enteric fever death rates for all races showed a reduction and there are sound grounds for believing that the measures inaugurated by Council to combat malaria are at last coming to fruition.

Matters receiving especial attention during the year were housing, tuberculosis, venereal disease and child welfare. Each of these is dealt with in the body of the report but the advances achieved in the fight against tuberculosis, leading to the inauguration of a local clinic and a wide-spread public interest in the campaign, are worthy of comment; as also is the beginning of the drive to eliminate slum areas, the erection of a new infant welfare clinic and, on the other side of the picture, the disturbing discovery of a comparatively high incidence of venereal disease among Native males as the result of the routine examination instituted by Council: this increase is further reflected in the large numbers of non-Europeans now attending at the Clinics - a hopeful sign, however, since there appears to be arising a real desire on the part of sufferers to throw aside the native medicine man and the quack remedies and to receive a full course of proper treatment at expert hands.

The onus thrown upon the Municipality to take all adequate measures to protect the public health must, of necessity, lead to some increase of expenditure. A fine city like the Capital of Natal cannot afford to leave its less fortunate residents in the slough of disease and insanitary surroundings. But money spent on true public health measures will show an ample profit in the years to come when the children of today grow up, healthy and happy, in a town for which they can feel a legitimate pride.

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...

CITY AND BOROUGH OF PIETERMARITZBURG

LEADING STATISTICS.

YEAR ENDING 30th JUNE, 1934.

	European	Native	Coloured	Asiatic	All-Non European	All Races
POPULATION: (Municipal Census 11.3.34.)	21327	12930	2016	8067	23013	44340
BIRTH RATE	16.65	11.29	38.69	27.02	19.20	17.97
ILLEGITIMATE BIRTHS. (Percentage of Total Births.)	1.69	43.83	28.20	-	-	-
DEATH RATE.	8.63	14.15	23.31	16.24	15.68	12.29
INFANTILE MORTALITY RATE (Deaths per 1000 Births.)	50.70	-	166.66	100.91	-	-
PULMONARY TUBERCULOSIS (Deaths per 1000 Population)	0.32	1.93	3.47	1.86	2.04	1.22
TUBERCULOSIS - OTHER FORMS. (Deaths per 1000 Population.)	0.00	0.16	0.49	0.49	0.30	0.16
MALARIA. (Deaths per 1000 Population.)	0.32	1.16	1.98	1.47	1.34	0.85
ENTERIC FEVER. (Deaths per 1000 Population.)	0.05	0.23	0.49	0.12	0.21	0.13
DIARRHOEA and ENTERITIS. (Under 2 years) (Deaths per 1000 Population.)	0.28	2.40	2.47	1.23	1.99	1.17
CANCER. (Deaths per 1000 Population.)	0.98	0.46	1.98	0.12	0.48	0.72

All returns are corrected for outward transfers only.

METEOROLOGICAL RECORDS.

Taken by the City Engineer in the Market Square, Pietermaritzburg, at an altitude of 2160 feet above sea level, 30.22.46 longitude and 29.36.4 latitude.

	RAINFALL in Inches.	ATMOSPHERIC TEMPERATURE. Average Daily Minimum.	Average Daily Maximum.	HYGROMETER. Aver. Daily Dry Bulb.	Aver. Daily Wet Bulb.
July.	1.68	44.4	73.0	53.67	49.46
August.	0.53	47.2	74.9	60.01	49.65
September.	0.52	50.9	79.9	64.46	59.78
October.	2.03	55.1	80.6	69.3	60.1
November.	6.45	59.3	78.1	70.0	64.7
December.	9.34	61.9	79.7	72.2	66.1
January.	8.65	62.4	81.0	71.3	67.4
February.	1.82	62.3	80.5	69.6	64.6
March.	6.17	61.8	80.1	67.2	65.1
April.	1.87	58.7	80.2	68.6	63.4
May.	1.52	50.9	79.3	62.9	58.4
June.	0.00	46.2	72.7	54.2	50.2
Total:	40.58	-	-	-	-

P O P U L A T I O N

As computed from the Municipal Census taken by the City Treasurer on 11th March, 1934. For the purposes of these statistics the inmates of the Mental Hospital and of the Fort Napier Mental Institution have not been included.

	EUR:	NAT:	COL:	AS:	ALL NON-EUR:	ALL RACES.
Male.	10399	9252	991	4360	14603	25002
Female.	10928	3678	1025	3707	8410	19338
Persons:	21327	12930	2016	8067	23013	44340

B I R T H S

TOTAL BIRTHS REGISTERED.

(1) RESIDENTS

	MALE. Legit.	MALE. Illeg.	FEMALE. Legit.	FEMALE. Illeg	PERSONS Legit.	PERSONS Illeg	Tot.	Percent. of Illeg. to all Births.	Birth Rate per 1000 Population
European	194	2	155	4	349	6	355	1.69	16.65
Native	44	40	38	24	82	64	146	43.83	11.29
Coloured	28	11	28	11	56	22	78	28.20	38.69
Asiatic	105	-	113	-	218	-	218	-	27.02
All Non-Eur:	177	51	179	35	356	86	442	-	19.20
All Races:	371	53	334	39	705	92	797	-	17.97

(2) NON-RESIDENTS.

	MALE Legit.	MALE Illeg.	FEMALE Legit.	FEMALE Illeg	PERSONS Legit.	PERSONS Illeg.	PERSONS Total	Percent. of Illegitimate to all Births.
European.	97	0	95	5	192	5	197	2.54
Native.	62	31	62	42	124	73	197	37.06
Coloured	1	2	3	2	4	4	8	50.00
Asiatic	59	-	62	-	121	-	121	-
All Non-Eur.	122	33	127	44	249	77	326	-
All Races.	219	33	222	49	441	82	523	-

D E A T H S.

(See also pages 34-39)

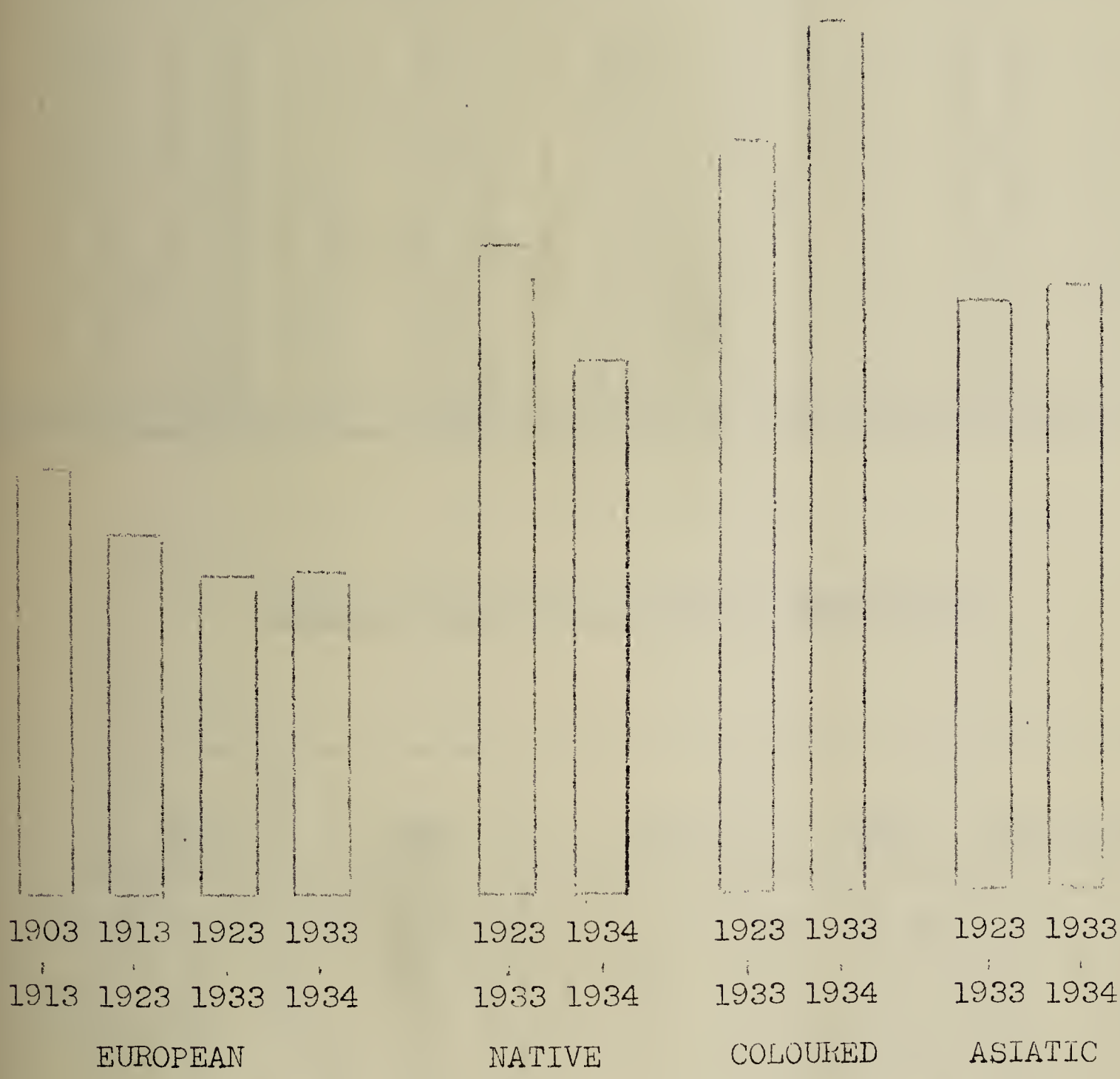
TOTAL DEATHS REGISTERED

(1) RESIDENTS.

	MALE Deaths.	MALE Death Rate.	FEMALE Deaths.	FEMALE Death Rate.	PERSONS Deaths.	PERSONS Death Rate.
European.	96	9.23	88	8.12	184	8.63
Native	105	11.35	78	21.20	183	14.15
Coloured	27	27.18	20	19.51	47	23.31
Asiatic	74	16.97	57	15.37	131	16.24
All Non-Eur:	206	14.11	155	18.43	361	15.68
All Races.	302	12.08	243	12.56	545	12.29

(2) NON-RESIDENTS.

	MALE	FEMALE	PERSONS
EUROPEAN	65	52	117
Native	285	141	426
Coloured	12	6	18
Asiatic	42	14	56
All Non-Eur:	339	161	500
All Races :	404	213	617



DEATH RATES PER 1000 POPULATION

(CORRECTED FOR OUTWARD TRANSFERS ONLY)

BOROUGH OF PIETERMARITZBURG.

SEASONAL OCCURRENCE OF DEATHS

AMONG RESIDENTS

	EUR.			NAT:			COL:			AS:			All N-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July.	13	7	20	4	4	8	2	1	3	11	4	15	17	9	26
Aug.	8	9	17	6	5	11	1	2	3	6	11	17	13	18	31
Sept.	8	6	14	4	5	9	2	2	4	4	1	5	10	8	18
Oct.	12	8	20	3	10	13	0	2	2	8	4	12	11	16	27
Nov.	10	8	18	7	5	12	2	1	3	5	8	13	14	14	28
Dec.	8	7	15	13	9	22	5	0	5	10	2	12	28	11	39
Jan.	5	6	11	13	5	18	2	2	4	3	5	8	18	12	30
Feb.	8	8	16	15	12	27	1	2	3	3	2	5	19	16	35
Mar.	7	10	17	11	6	17	1	3	4	7	6	13	19	15	34
Apr.	2	4	6	11	4	15	7	4	11	5	8	13	23	16	39
May.	8	8	16	13	6	19	2	1	3	8	5	13	23	12	35
June.	7	7	14	5	7	12	2	0	2	4	1	5	11	8	19
Total:	96	88	184	105	78	183	27	20	47	74	57	131	206	155	361

DEATHS OF RESIDENTS GIVEN IN AGE GROUPS:

	EUR:			NAT:			COL:			AS:			ALL N-EUR:		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
der 1 year	8	10	18	28	23	51	9	4	13	12	10	22	49	37	86
1 "	1	1	2	7	17	24	2	2	4	4	7	11	13	26	39
2-- 4 yrs.	1	2	3	9	7	16	2	2	4	7	0	7	18	9	27
5--14 "	5	2	7	4	4	8	3	1	4	6	3	9	13	8	21
5--24 "	2	6	8	10	0	10	0	0	0	8	12	20	18	12	30
5--34 "	3	5	8	13	11	24	3	2	5	3	6	9	19	19	38
5--44 "	7	3	10	12	5	17	2	2	4	5	3	8	19	10	29
5--54 "	15	8	23	14	3	17	3	3	6	8	5	13	25	11	36
5--64 "	16	12	28	4	4	8	0	2	2	9	3	12	13	9	22
5--74 "	20	14	34	2	2	4	1	1	2	2	5	7	5	8	13
5--84 "	14	20	34	2	2	4	2	0	2	6	3	9	10	5	15
5 & Over	4	5	9	0	0	0	0	1	1	4	0	4	4	1	5
Total:	96	88	184	105	78	183	27	20	47	74	57	131	206	155	361

DEATH RATES : VARIOUS CAUSES.

ACCORDING TO SHORT LIST OF CENSUS OFFICE.

RESIDENTS ONLY.

	Eur:	Nat:	Col:	As:	All Non-Eur.	All Races
1. Enteric Fever.	0.05	0.23	0.49	0.12	0.21	0.13
2. Typhus.	0.00	0.00	0.00	0.00	0.00	0.00
3. Smallpox.	0.00	0.00	0.00	0.00	0.00	0.00
4. Measles.	0.05	0.00	0.00	0.12	0.04	0.05
5. Scarlet Fever.	0.00	0.00	0.00	0.00	0.00	0.00
6. Whooping Cough.	0.00	0.15	0.49	0.12	0.17	0.09
7. Diphtheria.	0.05	0.00	0.49	0.00	0.04	0.05
8. Influenza.	0.00	0.31	0.49	0.12	0.26	0.14
9a. Dysentery.	0.05	0.08	0.00	0.00	0.04	0.05
10. C.Spinal Meningitis.	0.00	0.00	0.00	0.00	0.00	0.00
11. Pulm. Tuberculosis.	0.32	1.86	3.47	1.86	2.04	1.22
12. T.B.Meningitis.	0.00	0.08	0.00	0.12	0.09	0.05
13. Other Tuberculosis.	0.00	0.15	0.49	0.37	0.26	0.14
14. Leprosy.	0.00	0.00	0.00	0.00	0.00	0.00
15. Syphilis.	0.00	0.46	0.49	0.00	0.30	0.16
16. Malaria.	0.32	1.16	1.98	1.47	1.34	0.85
17. Cancer.	0.98	0.46	1.98	0.12	0.48	0.72
18. Cerebral Haemorrhage.	0.57	0.08	0.49	0.25	0.17	0.36
19. Cardiac Dis.(350-357)	1.17	0.62	0.49	1.98	1.09	1.13
20. Bronchitis.	0.28	0.46	0.99	0.99	0.70	0.50
21. Pneumonia.	0.23	1.77	1.98	1.61	1.74	1.01
22. Miners'Phthisis (No T.B.)	0.00	0.00	0.00	0.00	0.00	0.00
23. " " (T.B.)	0.00	0.00	0.00	0.00	0.00	0.00
24. Oth.Respiratory Dis.	0.28	0.08	0.49	0.37	0.22	0.25
25. Ulcer Stomach and Duodenum.	0.14	0.00	0.00	0.00	0.00	0.07
26. Diarrhoea & Enteritis - under 2 years.	0.28	2.39	2.48	1.24	2.00	1.17
27. Appendicitis.	0.14	0.00	0.00	0.00	0.00	0.07
28. Cirrhosis of Liver.	0.05	0.00	0.00	0.00	0.00	0.02
29. Nephritis.	0.47	0.31	0.49	0.87	0.52	0.50
30. Puerperal Sepsis.	0.00	0.00	0.00	0.00	0.00	0.00
31. Oth.Acc. and Dis. of Pregnancy.	0.05	0.00	0.49	0.12	0.09	0.07
32. Cong.Malformations & Dis.of Early Infancy.	0.59	1.39	1.49	1.12	1.30	0.92
33. Suicide. (850-858)	0.10	0.00	0.00	0.12	0.04	0.07
34. Other Violent Deaths.	0.40	1.00	0.00	0.50	0.74	0.56
35. Other Defined Causes.	2.01	1.11	3.55	2.65	1.80	1.92
36. Ill-defined & Unknown.	0.05	0.00	0.00	0.00	0.00	0.02
	8.63	14.15	23.31	16.24	15.68	12.29

(1) VITAL STATISTICS.

METEOROLOGICAL RECORDS . (page 3)

The rainfall during July-September was 2.73 inches, as compared with an average of 3.83 inches over the past six years; but heavy rains fell during the later nine months of the year to give a total for the 12 months in the Market Square of 40.58 ins. as compared with an average of 28.28 ins. over the past six years. During October-December there were 17.82 inches (average of 9.89 ins. 1927-1933); during January-March, 15.64 inches (average of 12.29 ins. 1927-1933); during April-June, 3.39 inches (average of 2.27 ins.1927-1933).

The average daily minimum temperature was some five degrees higher during July at the beginning and June at the end of the twelve months as compared with the similar averages over the past six years, and throughout the year the minimum temperature remained steadily slightly higher than the average for the past six years. The maximum temperature for the first four and the last three of the twelve months was higher than the average, but during November to March it remained below the average. The atmosphere has, therefore, tended to be warmer than usual throughout the year.

POPULATION. (page 3)

The population figures, collected by the City Treasurer during March,1934, but excluding inmates of the Mental Hospital and of Fort Napier Mental Institution, show an increase of 1210 for all races. There is an increase in the various races as follows :- European Males 112,Females 299; Native Males 155, Females 354; Coloured Males 44, Females 74; Asiatic Males 174. There is a decrease in the number of Asiatic Females by 2.

The percentage increase during the year for the various races is :- Europeans : 1.9%; Natives : 3.9%; Coloureds 5.8% ; Asiatics 2.1%.

BIRTHS. (page 4)

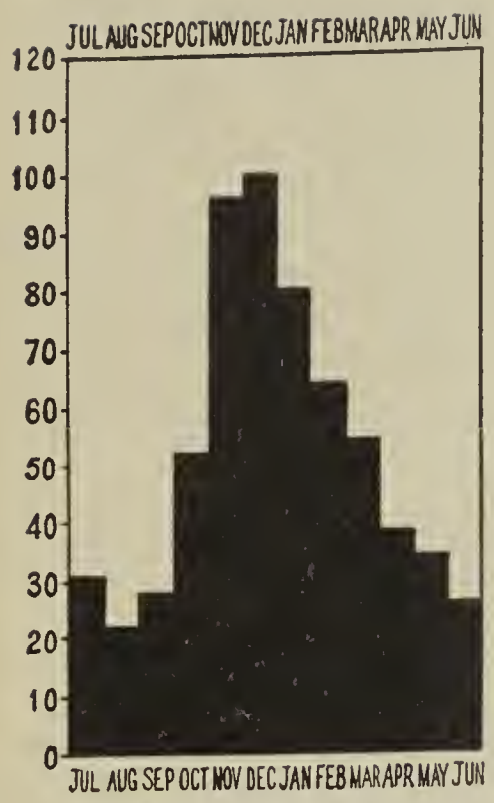
The small increase in European population compared with that of the non-Europeans is reflected in the continually decreasing European birth rate which fell to the lowest figure yet recorded for Pietermaritzburg of 16.65 births per 1000 of population, while the Coloured rate rose to 38.69, the Native rate (very incompletely recorded) to 11.29, and the Asiatic rate fell to 27.02.

For other large towns the European Birth Rate for 1933-1934 is :- DURBAN : 16.8; CAPETOWN : 17.73; EAST LONDON :18.8; BLOEMFONTEIN : 18.84; KIMBERLEY : 19.3; and JOHANNESBURG 19.7.

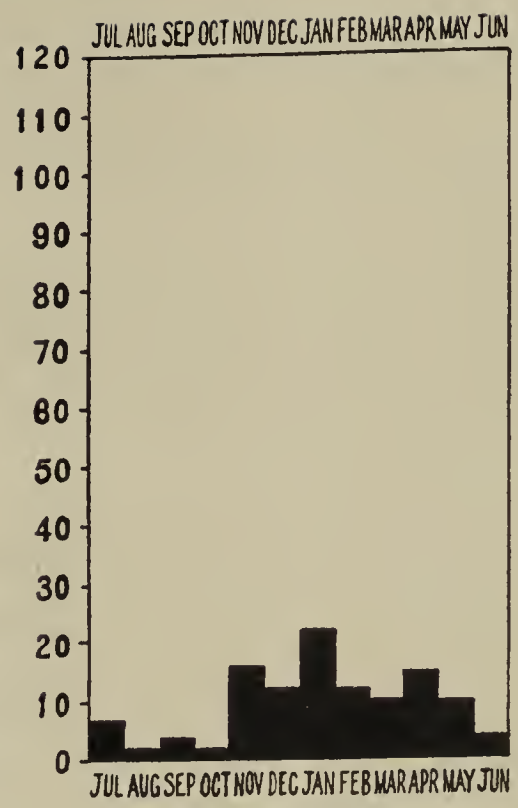
The preponderance of male over female European births is greater this year than last year, the masculinity ratio being 1233 : 1000 (1126:1000 in 1932-1933). Among Native births the masculinity ratio is 1355:1000. Among Coloureds, where last year there was a preponderance of female births, this year there is an equal number of both sexes. Among Asiatics there is again a female excess, the ratio being 929 : 1000 as compared with 947 : 1000 last year.

Illegitimacy was less frequent among European births, but more frequent among non-European births, and this has undoubtedly an affect upon the infantile mortality rate of these races.

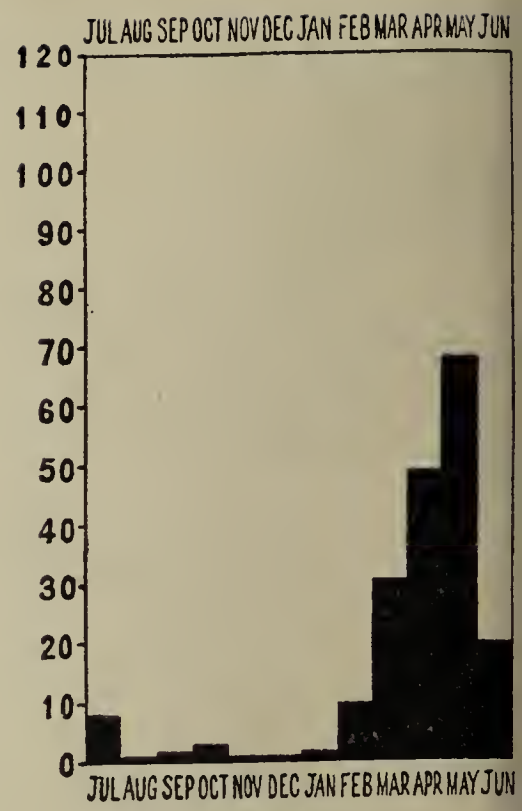
DEATHS..../



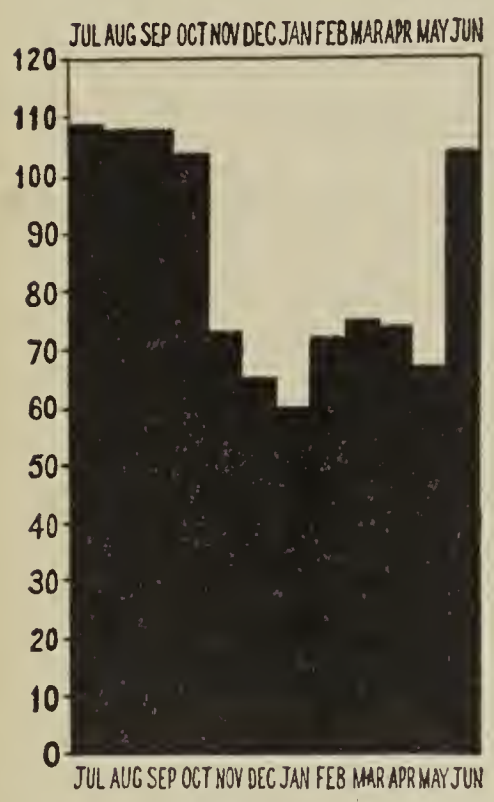
DIARRHOEA AIID ENTERITIS
(UNDER 2 YEARS)



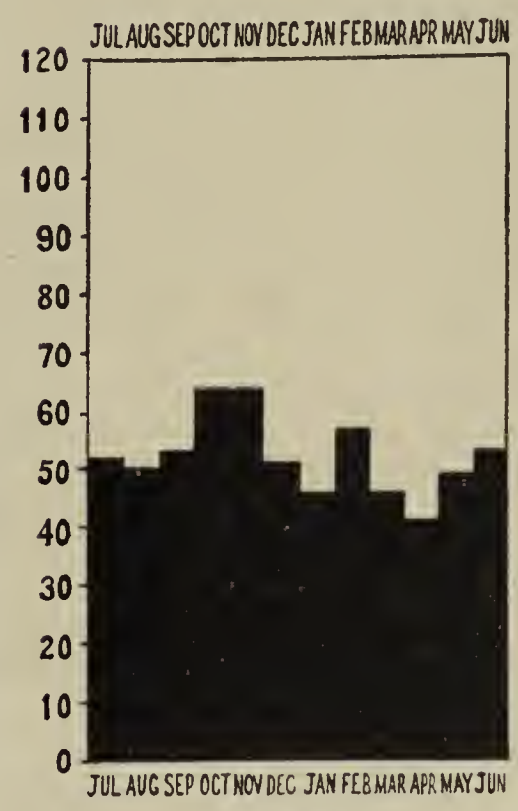
ENTERIC FEVER



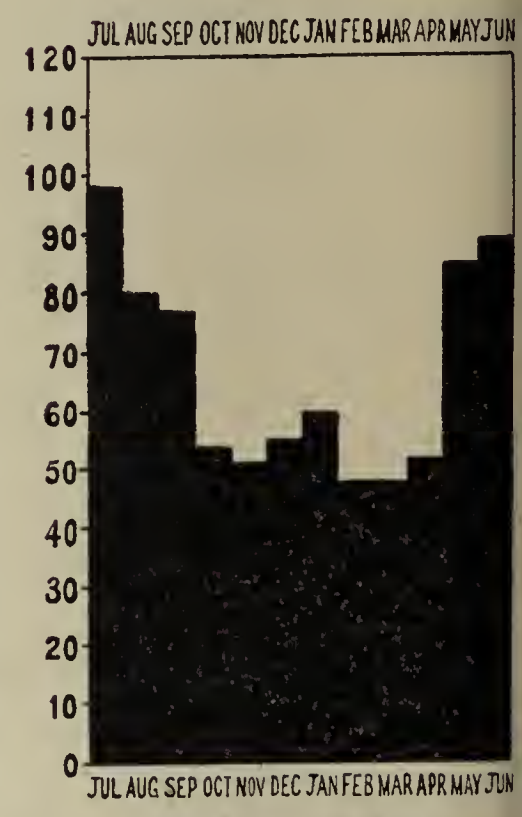
MALARIA



BRONCHITIS AND
PNEUMONIA



PULMONARY
TUBERCULOSIS



DISEASES OF HEART
AND OLD AGE

SEASONAL VARIATIONS : DEATHS - ALL RACE

1922 - 1934

(1) (Cont'd.)

DEATHS. (pages 4 & 5)

The European death rate, 8.63 deaths per 1000 of population, is slightly higher than the rate of 8.56 for 1932-1933 but is exactly the same as the average over the past six years. The comparable European death rates for other towns are :- BLOEMFONTEIN: 6.95; EAST LONDON : 8.8.; CAPETOWN: 9.21; DURBAN : 9.4; KIMBERLEY : 9.7; JOHANNESBURG : 10.2.

The non-European death rates - Natives: 14.15; Coloureds : 23.31; Asiatics 16.24, are all higher than they were in 1932-1933, and this is due to the increase in the number of deaths from Tuberculosis and Enteritis, the causes for which are considered later.

Seasonal Variations in the occurrence of deaths. (Page 6)

The charts opposite show how certain diseases cause death at certain times of the year - European deaths, being more commonly due to diseases of the heart and old age, are more frequent in the winter: Native deaths show a seasonal peak in the hot weather due to diarrhoeal diseases and enteric fever, and a later seasonal peak round about April due to malaria. Coloured deaths follow much the same curve as those for Natives, while Asiatic deaths, being more frequently due to diseases of the lungs, are more apparent in the winter.

Age group Variations in the occurrence of deaths. (page 6)

Of all deaths, the following percentages occurred during 1933-1934 among persons under the age of 45 :-
Europeans : 30%. Natives: 82%. Coloureds : 72%. Asiatics : 66%.

Causes of Death.

The various diseases leading to the death of Borough residents during the year are given in detail on pages 7 & 34-39, The main causes of death have been summarised in the following table :-

CAUSES OF DEATH AMONG RESIDENTS.

1933-1934

	All Races	Eur:	All N-Eur:	Nat:	Col.	As.
Respiratory Dis.(Non T.B.)	14.3	9.8	16.6	15.8	14.9	18.3
Tuberculosis (All forms)	11.2	3.8	14.9	14.7	15.1	14.5
Acute Intest.Infections.	13.4	4.3	18.0	23.5	14.9	11.4
Disease of Heart.	9.2	13.6	6.9	4.4	2.1	12.2
Cong.Malformations & Dis.of Early Infancy)	7.5	6.0	8.3	9.8	6.4	6.9
Malaria.	6.9	3.8	8.6	8.2	8.5	9.1
Other Infectious Disease.	4.4	1.6	5.8	7.1	6.4	3.8
Cancer.	5.9	11.4	3.0	3.3	8.5	0.7
Deaths from Violence.	5.1	5.4	4.9	7.1	0.0	3.8
Disease of Kidney.	4.8	7.1	3.3	2.2	2.1	5.3
Cerebral Haemorrhage.	2.9	6.5	1.1	0.5	2.1	1.5
Other Causes.	14.4	26.5	8.6	3.4	19.0	12.5
	100.0	100.0	100.0	100.0	100.0	100.0

The...../

(1) (Cont'd.)
(Deaths cont'd.)

The main points apparent from the foregoing table are :-

(1) Among all races, and especially among the Asiatics, diseases of the lungs are a frequent cause of death. Among non-Europeans, diseases of the lungs and tuberculosis together caused 31.5% of all deaths.

(2) The percentage of deaths among all races due to enteritis, diarrhoea and other intestinal infections was nearly twice as heavy as in 1932-1933 when the comparable percentage was 7.1.

(3) Diseases of the heart, i.e. of old age, are again the chief cause of death among Europeans - a further pointer to the longevity of Europeans in Pietermaritzburg.

(4) Tuberculosis showed an increase from 8.6% in 1932-1933 to 11.2% this year. This increase is most marked among the Coloureds and the Asiatics.

(5) Malaria declined as a cause of death, the percentage for all races being 6.9 as compared with 8.3 in 1932-1933.

(6) Cancer remained the second highest cause of death among Europeans.

(7) Once again it is seen that the major preventable diseases, malaria, tuberculosis, syphilis, diphtheria, the diseases of dirt, etc., even when non-tubercular lung diseases are excluded, cause over 47% of the non-European deaths, but only 14% of the European deaths.

CANCER. (pages 46-47)

While the Cancer death has fallen slightly for Europeans to 0.98 deaths per 1000 of population, it still causes 11½% of all European deaths. Out of the 21 deaths none occurred in the 0-24 age group, 2 in the 25-44 group, 8 in the 45-64 group, and 11 among persons 65 years of age or over. Cancer of the buccal cavity caused 2 male deaths, of the digestive organs 8 male and 6 female deaths, of the uterus 2 deaths, and of the breast, the male urogenital organs and other sites, one each.

Whereas Cancer of the internal organs has been comparatively rarely diagnosed in Native persons in the past, 6 deaths are reported among Natives this year of which 5 occurred in the digestive organs, three times in the rectum and twice in the stomach among 4 males and 1 female. Two deaths occurred in the 25-44 age group, 2 in the 45-64 group, and 1 in the group 65 years and over.

Among Coloureds the disease was even more prevalent, causing a death rate of 1.98 per 1000 of population. The liver, the male urogenital organs and the uterus (twice) were affected.

Among Asiatics only one death from Cancer, of the breast, was recorded.

The comment made in last year's report that an Annual routine medical examination of all persons over the age of 40 would reduce the incidence rate of fatal cancer is equally true today as it was a year ago.

(2)...../

(2) NOTIFIABLE INFECTIOUS DISEASE.

The total of cases notified during the year is shown on page 51 in the Appendix and the incidence of the various diseases is discussed under the appropriate headings below.

ISOLATION HOSPITAL . (page 55)

This Hospital experienced an unusually heavy year, 154 cases being admitted. The total of admissions to this Hospital during recent years has been as follows :-

1927-1928 : 122.	1928-1929 : 125.	1929-1930 : 106
1930-1931 : 111.	1931-1932 : 94.	1932-1933 : 57
	1933-1934 : 154.	

The diseases with which these various cases were suffering are tabulated on page 55 and it will be seen that Diphtheria and Measles were the commonest infections requiring hospital treatment.

Sister M.A.Stewart was, in 1933, appointed as Staff Nurse to succeed Sister S.Pickering, resigned: Miss P.Sheen was appointed as full-time Probationer Nurse and started her duties in this capacity on 1st February,1934.

Owing to the increase in the number of admissions it was necessary on several occasions to engage temporary assistance for the nursing staff.

EPIDEMIC HOSPITAL. (page 56)

This hospital remains available for the reception of cases of small-pox, typhus fever and other epidemic infectious disease, but in the absence of such cases within the Borough one block was again used for the reception of non-European males suffering with venereal disease and with other infectious diseases.

From the table on page 56 it will be seen that most of the cases admitted were suffering with venereal disease and that just over half of the patients were resident out of the Borough.

The total of admissions to this Hospital during recent years has been as follows :- 1927-1928 : 45; 1928-1929 : 64; 1929-1930 : 48; 1930-1931 : 42; 1931-1932 : 57; 1932-1933 : 58; 1933-1934 : 219.

The premises are old and unsuitable for use as a hospital and they are situated some 4 miles from the centre of the City area. During the year the caretaker's quarters and the outside of the main blocks were painted and partially repaired, while the installation of electric light was completed.

DISINFECTION & FUMIGATION. (page 57)

A further increase in this branch of the work is to be reported; 79 rooms were disinfected because of disease as compared with 33 rooms last year, and 558 lots of bedding, clothing etc. were brought to the disinfecting station as compared with 378 lots last year. Towards the end of the year arrangements were made for the transfer of the disinfector to the new and suitable quarters erected at 328, Longmarket Street.

652 rooms were fumigated with cyanide gas for the destruction...../

(2) Cont'd.

(Disinfection & Fumigation Cont'd.)

destruction of vermin. The findings of routine inspections of native quarters in the Borough suggest that burgesses do not as yet take full advantage of the facilities offered by this Department for the deverminisation of rooms.

LABORATORY WORK. (page 58)

An Inspector received training at the Government Laboratory, Durban, in the preparation, staining and examination of bacteriological specimens and the identification of mosquito larvae and adults. His services have been utilised during the year most successfully and no fewer than 405 swabs were examined for the B.Diphtheriæ , 928 blood slides for the malaria parasite, 3 sputa for the B.Tuberculosis and 8 bloods for enteric organisms. This work was done under difficulties owing to the unsuitability of the old room at present used as a Municipal Laboratory.

Details of other laboratory examinations are given in the sections headed Milk, Water, etc.

HOME VISITS IN CONNECTION WITH INFECTIOUS DISEASE.

The Health Visitor paid 287 such visits during the year, the Native Nurse 79, and the Health Inspectors 403 visits (as compared with 152 in 1932-1933). A need is continually felt for a trained non-European to visit the contacts of non-European cases of infectious disease, to explain how such diseases are spread and how they can be prevented. It is hoped that a Native Visitor will be appointed in the coming year to carry out this necessary work.

AMBULANCE.

The Acting Superintendent, Fire Brigade, reports that 1603 calls were received during the year, 1878 cases were transported of whom 420 were suffering with an infectious disease.

(a) ANTHRAX. No case was reported during the year. Supervision of possible sources of infection, unsterilised shaving brushes, etc. continued.

(b) SMALLPOX. No case was reported during the year. The Senior Inspector continued to collect persons for vaccination, and 277 Europeans, 156 Coloureds, 329 Indians and 452 Natives were vaccinated.

(c) DIPHTHERIA. The incidence of cases among Borough residents has been higher this year than usual, 49 cases having been notified and 62 cases having been admitted to the Isolation Hospital of whom 10 were children resident outside the Borough . The total was swelled by 12 cases that occurred in the Government Schools Hostel during February and March, when strict isolation and observation of all contacts became necessary. Diphtheria especially attacks children under the age of 10, but this year only 27 out of the 49 cases were under that age. The fatality rate for this disease is generally about 8%, but this year it has only been about 4%. The most important factor in the spread of diphtheria is infection from individual to individual, the virus being conveyed either directly by droplet infection or contact as in kissing, or indirectly by means of such utensils as spoons and drinking vessels. The aggregation of large numbers of children in day schools is therefore one of

the...../

(2) (Cont'd)

((c) Diphtheria Cont'd.)

the commonest means by which the disease is disseminated. Milk has been proved to convey the virus of diphtheria, but not in any case occurring here during 1933-1934. Defects of drainage used to be considered important factors in the causation of the disease, but the influence of such defects has been greatly exaggerated. Continual dampness of soil does definitely favour the prevalence of diphtheria--a factor to be remembered in the low-lying parts of Pietermaritzburg. Though the number of cases this year has greatly increased, diphtheria is still less common in Pietermaritzburg than most other towns of the Union. But it may well be that the disease will increase in future years since there is a large percentage of the local population probably susceptible to the infection.

It is fortunate that modern preventive medicine has at hand a powerful weapon with which to combat diphtheria. The Schick skin test enables the doctor to ascertain whether an individual is susceptible or immune to the infection, and active immunisation can then be produced in the susceptible persons by giving three injections of diphtheria anti-toxin at weekly intervals. It is found that all but about 10% of persons thus treated are rendered immune. In Hamilton, Lake Ontario, with a population of 160,000 diphtheria was endemic; for eighteen years the mortality rate averaged 24% of all diphtheria cases; isolation, disinfection and detection of carriers were ineffective in controlling the disease. Immunisation of children was begun in 1922; by 1927, it was found that the diphtheria hospital had fallen into disuse, and it was permanently closed.

Such immunisation is perhaps not necessary at present in Pietermaritzburg but it must be borne in mind if diphtheria does increase in the Borough.

(d) SCARLET FEVER. Though there is an increase in the number of Borough cases notified and a slight increase in the number of cases admitted to hospital, the totals are not unusually large. No deaths were caused by Scarlet Fever.

(e) CEREBRO-SPINAL MENINGITIS. Two cases were notified among Borough residents but no deaths were caused by this infectious disease.

(f) ERYSIPELAS. Six European residents contracted this infection of the skin and 4 of these were admitted to the Isolation hospital.

(g) LEPROSY. No case occurred among Borough residents during the year.

(h) TYPHUS FEVER. Three cases occurred among Borough residents; 2 of these contracted the infection outside the Borough but in the other case there was doubt regarding the original of the infection.

(i) ENTERIC FEVER - (pages 42 & 51)
This acutely infectious disease continues to occur in those parts of the town where the residents fail to carry out the rules of hygiene and of cleanliness. Especially is this true where unsatisfactory housing leads to carelessness in the home and particularly to carelessness in the kitchen, the pantry and the latrine. 23 cases among Borough residents, of whom 6 were Europeans, were notified during the year, a total of three less than last year. This decrease is all the more satisfactory when it is remembered that enteric fever was unusually prevalent in the surrounding

districts...../

(2) (Cont'd.)

((i) Enteric fever cont'd).

districts during the summer, cases and contacts of cases both from the Balgowan road camp and from Edendale coming into the Borough and making the spread of infection more possible. Of the 23 notified cases, 5 lived in the Camp Drift area, 1 in New Scotland and 11 in the City East area. In each case all contacts were immediately traced and oral vaccine supplied. The relatively greater frequency of enteric fever in the out-of-Borough areas is suggested by the fact that 1 European and 5 non-European deaths due to enteric fever occurred among Borough residents, while 7 Europeans and 25 non-Europeans living outside the Borough came into Pietermaritzburg to die from enteric fever.

(j) MALARIA. (See pages 43,52 & 53)

Breeding of the malaria parasite vector (Anopheles Costalis) began about 3 weeks earlier than it did during the previous season. When the Department received instructions to undertake control work in the Adjacent Areas on January 15th, it was found that heavy breeding had already taken place along the Umsindusi River on the coastal side of the Borough, and insecticide spraying of huts and houses in the New England area discovered the presence of large numbers of adult female A.Costalis mosquitoes, gorged with blood. As a result, the malaria mosquito appeared in the extension of New England Road in the Borough early in January and first infections were reported in this area.

Anti-larval and anti-adult mosquito measures were extensively undertaken to combat this serious risk of importation into the Borough with a success that would have been greater if control measures had begun in the Eastern adjacent areas a month earlier.

The details of the incidence of infection are given on page 52. The outstanding feature of the season's work is the lower death rate, 0.85 deaths due to malaria per 1000 population as compared with 0.86 in 1932-1933 and 2.21 in 1931-1932. The actual incidence of first infections within the Borough was higher than in the previous year; this can be ascribed in part to the more efficient discovery of cases, and especially to the routine examination of all blood slides in the Department's Laboratory undertaken for the first time this year. This free service provided by the Municipality has proved to be a great blessing, since infections could be definitely diagnosed within a few hours of the start of fever, with the result that full treatment could be started much sooner and the subsequent risk of relapses minimised.

The greater proportion of the first infections occurred during the second half of February and the month of March, but there was an increase in the number of cases infected during the week ending on the 6th of April - due largely to the occurrence of "vacation malaria" in persons who went away for the Easter week-end and failed to take the precautions necessary in places not so carefully controlled as the Borough of Pietermaritzburg.

A very considerable number of cases, infected outside the Borough and especially in the vicinity of Table Mountain, came into Pietermaritzburg for treatment during the season.

In the Borough, the majority of cases again occurred in..../

(2) (Cont'd.)

((j) Malaria. Cont'd.)

in the City East area adjacent to the Dorp Spruit and the Umsindusi river, in the Mountain Rise area near to the river, and in the low-lying Camp Drift area. Malaria will remain difficult to control in the latter district until a complete system of permanent drainage is undertaken in connection with the provision of sanitary housing to replace the existing hovels.

In the areas adjacent to the Fox Hill Spruit, to the Race Course, and in the Western half of the City proper, comparatively few cases occurred. This was especially gratifying in view of the heavy infections occurring in the first two of these districts during past seasons.

Where house-spraying was undertaken as advised by the Department very few infections were contracted, except towards the end of the season when infections occurred under conditions which seem to confirm the findings of the Malaria Research Station at Tzaneen in the N.Transvaal. These are that during the rains A. Costalis remains indoors during the day (and can therefore best be dealt with by insecticide spraying in the morning); but that when the rains slacken towards the end of the season, A.Costalis tends to be present in the house only between the sun-down hours and the late evening, i.e. not later than midnight. Further local investigation will be necessary, but it seems probable that householders will have to be advised to spray in the mornings during the first half of the season and until the rains begin to end, after which evening spraying will become necessary instead.

Very few cases occurred within the Borough in houses where efficient mosquito nets were used by the occupants.

Finally, it may be said that during a season when the rainfall was unusually high and the temperature slightly higher than usual, A.Costalis breeding was well controlled. The future of the Borough, if official and individual control is carefully maintained, is bright as regards the incidence of malaria. Much, however, must depend upon the success of the measures undertaken by Government in the areas between Maritzburg and the Coast, and especially in the Table Mountain district.

ADJACENT AREAS. Under contract with the rural Local Authority the Department organised and undertook the control of malaria in the Adjacent Areas of Cremorne, Bishopstowe, New England, Short's Retreat, Mkondeni, Slang Spruit, Sutherlands and Edendale, from January 15th to May 15th. Your Medical Officer was in charge of operations and controlled a staff of two temporary European Inspectors and a sufficient gang of spotters and oilers. The results obtained were very satisfactory and undoubtedly saved these areas from a comparatively heavy infection. The incidence of infections must have been much less had work started in the Eastern Section of the Adjacent Areas one month earlier.

(3) TUBERCULOSIS. (pages 44, 45 & 51)

The last Annual Report drew attention to the first preparations for battle against the tubercle bacillus in Pietermaritzburg; the year 1933-1934 saw those preparations nearly completed.

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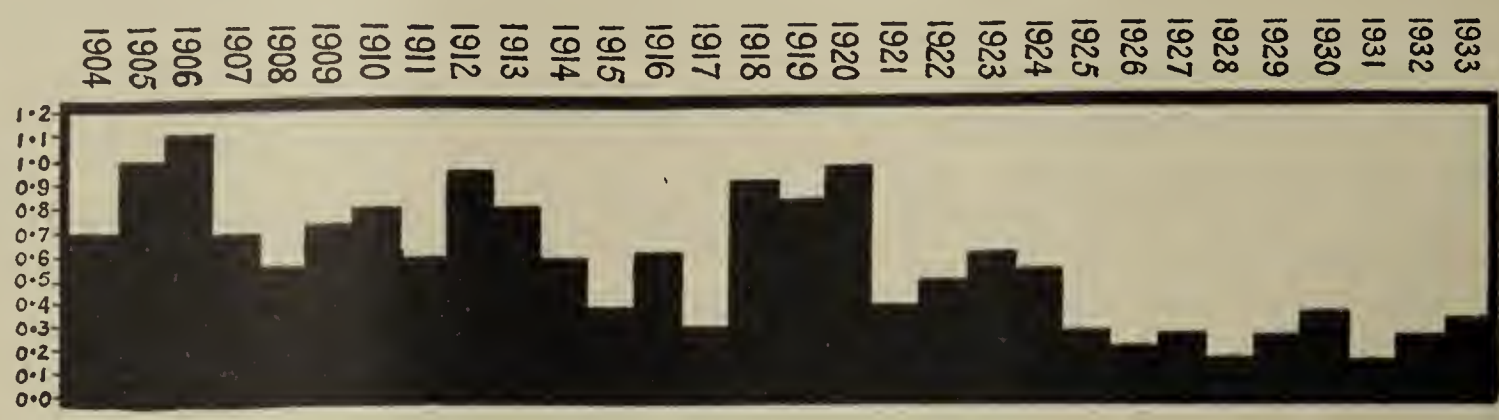
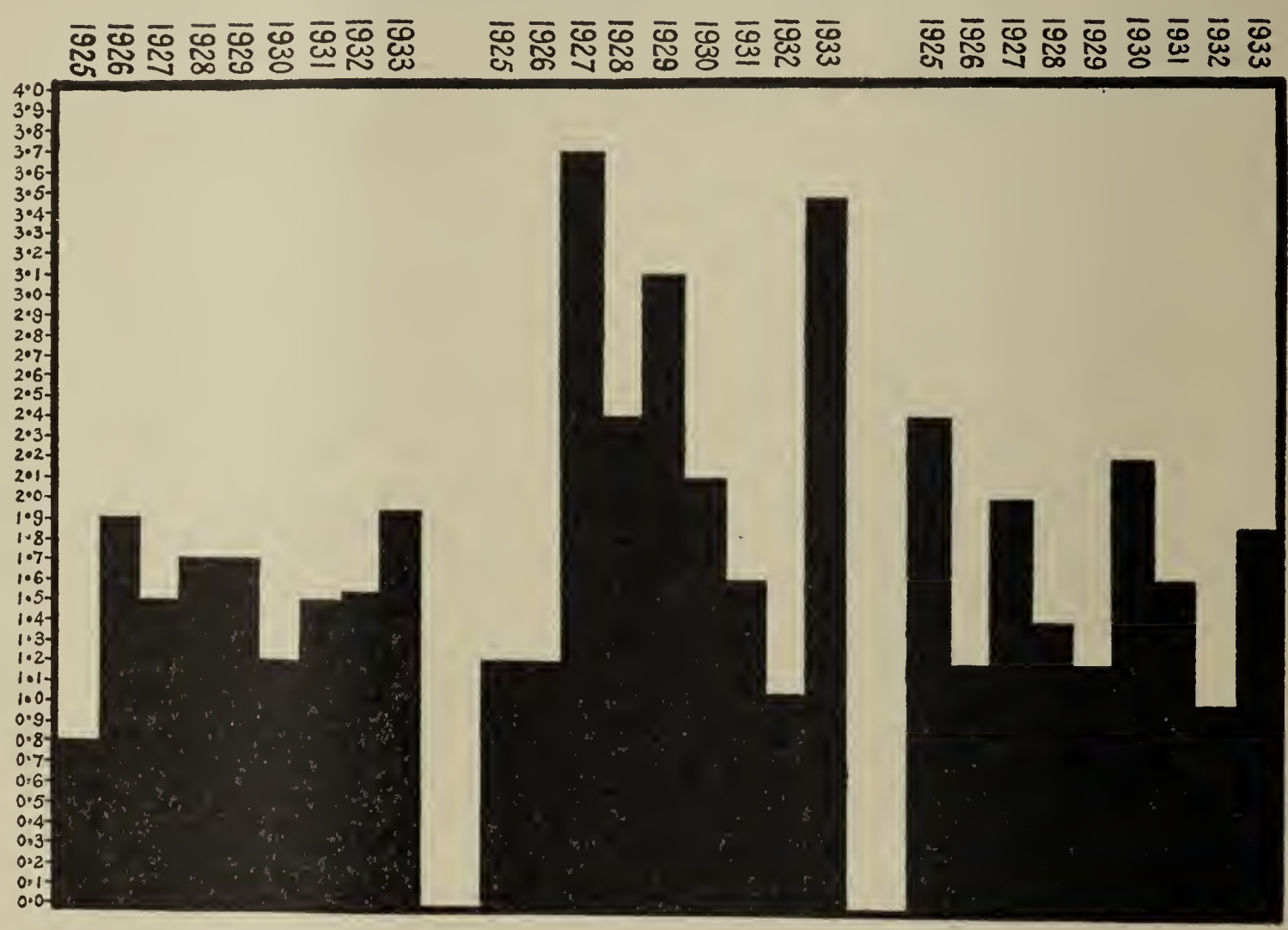


EUROPEAN - 1904 - 34



NATIVE COLOURED ASIATIC

1925 - 34

PULMONARY TUBERCULOSI

DEATH RATES
PER 1000 POPULATION LIVING

(3) TUBERCULOSIS. Cont'd)

A local branch of the Natal Anti-Tuberculosis Asso--ciation was formed in the City, with the Chairman of your Public Health Committee as Chairman of the branch and representatives of all the local public bodies, of all races, on the Committee. Largely as a result of the publicity given by this Association to the needs of Natal, Government has voted money for a Natal Tuberculosis Hospital, has agreed to enlarge Nelspoort Sanatorium and has approved for refund the institution of Tuberculosis Clinics in Pietermaritz-burg and Durban. The Christmas Stamp Fund has decided to build a preventorium for children who have been exposed to tubercular infection at home, or who have had tuberculosis, or who are mal-nourished, or who are frequently absent from school because of colds, bronchitis, etc. This preventorium is to be built within the Borough of Pietermaritzburg.

The final arrangements were made for the opening of the tuberculosis clinic at Grey's Hospital, and on the 1st of August next patients will be received for examination and treatment. Pamphlets in English, Hindustani and Tamil dealing with the pre-vention of tuberculosis have been completed and distributed.

Further action has been taken against the insanitary dwellings in which a large proportion of the local tuberculotics are living.

That this general activity has come none too soon is proved by the increase in the number of notified cases among Borough residents. Among all races the number of tuberculosis cases during the past ten years has been :- 1924-25 : 6; 1925-26: 11; 1926-27 :22; 1927-28: 9; 1928-29 : 7; 1929-30: 23; 1930-31: 7; 1931-32 : 9; 1932-1933 : 28; 1933-34 : 74.

This year 16 European and 58 non-European cases have been notified. It is not suggested that this necessarily means a sudden increase in the actual number of cases in the town, but it does mean that in the past the Department has been ignorant of the true position and that cases are now bring notified promptly : the immediate result of this improved state of affairs is that contacts can now be seen and examined at an early stage of infection, while insanitary conditions of housing under which cases may be living can be remedied without delay. Notifications of non-pulmonary tuber-culosis also showed an increase this year.

Deaths during the year among Borough residents due to pulmonary tuberculosis totalled 7 among Europeans and 46 among non-Europeans, as compared with 5 European and 29 non-European deaths during the previous year.

The year just concluded has been unfavourable to life for persons suffering with pulmonary tuberculosis and other chest diseases . In the main it would seem that this has been due to the unusually heavy rainfall which left the low-lying parts of the Borough damp for at least half the year. In addition to this adverse climatic factor, economic conditions among the non-Europeans especially have been poor, so it is not surprising that of the 53 deaths caused by this disease, that is so closely associated with poverty and ill-housing, 23 occurred in the City East area and 10 in the Camp Drift, Slang Spruit and New Scotland areas.

The.../

((3) TUBERCULOSIS. Cont'd)

The increase in the pulmonary tuberculosis death rate for all races from 0.79 in 1932-1933 to 1.22 in 1933-1934 is comparable with the increase in the death rate for Bronchitis and Pneumonia from 1.18 last year to 1.51 during the year just concluded.

Among Europeans the deaths were spread over the age-groups fairly evenly; 4 out of the 7 deaths occurred in persons over the age of 35. In Natives 14 out of the 24 tuberculosis deaths occurred after the age of 35, but in Coloureds only 2 out of 7. Among Asiatics it was again found that the disease was most fatal in female adolescents and young women under the age of 35: the pulmonary tuberculosis death rate for Indian males is 1.38, while for women it is 2.43, a result probably due to the long hours spent by the women in ill-ventilated, often damp and over-crowded dwellings, while the men do at least escape into the fresh air for some hours each day.

The proportion of deaths due to pulmonary tuberculosis among the various races in this community is clearly shewn in the following table :-

PERCENTAGE OF ALL DEATHS DUE TO PULM.TUBERCULOSIS.

	1927-1932	1932-1933	1933-1934
European.	2.7	2.8	3.7
Native .	9.3	12.3	13.1
Coloured.	11.6	8.7	14.9
Asiatic.	14.5	8.5	11.5

(4) VENEREAL DISEASE. (Pages 54 & 56)

The prevention of the spread of venereal disease in Pietermaritzburg is largely a problem of the control of the infected non-European female, both amateur and professional prostitute. Venereal disease in the European community is not a serious public health problem. In the absence of any routine medical examination of Native females seeking work in the Borough or living in the Borough, and until the non-Europeans of Pietermaritzburg have learned that Syphilis and Gonorrhoea are serious diseases that can be cured if they are treated early, the present clinic work cannot be said to be solving the problem.

Certain hopeful signs have been noted during the year. The attendances of both sexes at the Clinics have greatly increased, the number of Native males coming voluntarily to the Epidemic Hospital and asking for treatment has greatly increased, and the circulation and apparent interest created by the Department's pamphlets on Gonorrhoea and Syphilis in English and in Zulu has been widespread.

As in so many other branches of public health work, education must be the foundation of any constructive preventive work against venereal disease, and this is the more important now that an efficient clinic is available for the free treatment of all cases. With the appointment of a non-European Health Assistant, trained by

this....

((4) VENEREAL DISEASE. Cont'd.)

this Department, it is hoped to be able to spread this education far more widely and more effectively among the non-European population of the Borough. Especially is an efficient following up of all cases necessary, so that a full course of treatment can be ensured. With regard to Gonorrhoea it is generally appreciated that it can be cured if daily treatment is carried out for long enough and starts as soon as possible after the infection has been contracted; it is not so generally appreciated that persons suffering with this infection are highly infectious and therefore very dangerous to others, and that this infectivity may last for many years if the condition is not finally cured. With regard to Syphilis the general public is much more ignorant, but two points are clear and must be continually made - that early syphilis is communicable and curable, while late syphilis (i.e. syphilis that has not been treated or not completely treated) is usually not communicable and is only cured with difficulty and in exceptional cases.

Deaths due to syphilis among Borough residents have included 6 Natives and 1 Coloured, as compared with 6 Natives, 1 Coloured and 1 Asiatic last year.

To the Epidemic Hospital 128 cases of Syphilis, 25 of Gonorrhoea and 34 of Syphilis with Gonorrhoea were admitted, all being non-European males and 106 out of the total of 187 being out of Borough residents and therefore treated by the Municipality on behalf of Government. This total of 187 contrasts with one of 51 last year. To the Isolation Hospital 2 cases of Gonorrhoea and 1 of Syphilis among Europeans (two of whom were children) were admitted. Other cases, to a considerable number, were treated in Grey's Hospital.

The Gonorrhoea Clinic, open daily at Grey's Hospital, from 5 p.m. for the treatment of males, is the most important advance made during the year. This Clinic was approved by the Union Health Department and opened as a part of the Municipality's venereal disease scheme in September, 1933. The quarters in which it is housed are only temporary. The Native Orderly from the Municipal Epidemic Hospital, who was sent to Durban at the beginning of the corporate year to receive training in this work, is present every day at the Clinic. The large number of attendances regularly made by out-patients is proof both of the necessity for this Clinic and of the results obtained which attract sufferers to attend regularly until they are cleared.

During the year 41 European and 1087 non-European new cases of Syphilis have come to the Clinic, and of these 15 Europeans and 624 non-Europeans were Borough residents. The total number of attendances made by the patients has been 224 by Europeans and 4120 by non-Europeans, of which 157 were made by European Borough Residents and 2210 by non-European Borough Residents. During 1932-1933, 27 Borough Europeans made 146 attendances, and 286 Borough non-Europeans made 1296 attendances, while 13 out-of-Borough Europeans made 37 attendances and 180 out-of-Borough non-Europeans made 405 attendances.

During 1932-1933 there was no Gonorrhoea treatment centre set apart for this work, but from September, 1933, to June, 1934, 234 European and 4782 non-European attendances were made at this centre.

The..../

((4) VENEREAL DISEASE. Cont'd.)

The increased appreciation by the public of the value of this clinic is shown by the following returns of attendances for treatment of Syphilis :-

1931 - 1932	:	1089
1932 - 1933	:	1874
1933 - 1934	:	4344

(5) PLAGUE.

No case of plague was reported within the Borough during the year, but increased attention was paid to the proper rat-proofing of food stores. During the year the Rodent Inspector made 1692 visits to premises for the purpose of catching rats by trapping and poisoning and for the purpose of searching premises for signs of rat infestation.

(6) OTHER COMMUNICABLE DISEASES.

(a) WHOOPING COUGH. There were fewer deaths due to this disease in the Borough during the year, only 4 non-Europeans dying from this cause. 3 European girls living within the Borough were admitted to the Isolation Hospital. The comparative frequency of Whooping Cough among Native children, noted last year, has apparently diminished.

(b) CHICKEN POX. 8 Borough European cases were admitted to the Isolation Hospital and 26 Native cases to the Epidemic Hospital. This increase in the number of Native cases treated is in part due to the greater scope of the Department's activities, as such cases are now sought out and sent to hospital in order to prevent the spread of infection. Most of these cases occurred in domestic servants.

(c) MEASLES. Although only 1 European and 1 Indian child died from Measles during the year, there was a minor epidemic of this disease in the hostels and schools of the town. As the infection is non-notifiable, there are no returns of the number of cases, but 29 Borough cases were admitted to the Isolation hospital as compared with 3 during the previous year. It has been our practice to admit the first two or three cases from all boarding schools and hostels in order to prevent the further spread of infection. Measles has been prevalent, apparently, in other centres of the Union this year and Maritzburg has escaped lightly. The international nature of this year's increased incidence of Measles cases is suggested by the unusually high return of 602,990 cases of measles reported by the United States Public Health Service between the 1st of January and the 9th of June, 1934; the peak of the epidemic in the United States occurring in April.

(d) EPIDEMIC DIARRHOEA and DYSENTERIC INFECTIONS. (page 50)

Though enteric fever showed no increase there was a considerable number of cases of acute diarrhoea during the warmer months of the year. Deaths among children under the age of 2 years due to this cause occurred as follows :-
July, 0; August, 3: Sept. 2; Oct. 1; Nov. 5; Dec. 10; Jany. 7; Feby. 9; Mar. 6; April 5; May 2; June 2; - a total of 52 deaths as compared

with...../

((6) Cont'd.

((d) Epidemic Diarrhoea & Dysenteric Infections: Cont'd)

with a total of 19 deaths during 1932-1933.

The total number of deaths in recent years has been as follows :- 1928-1929, 39; 1929-1930, 55; 1930-1931, 40; 1931 - 1932, 64; 1932-1933, 19; 1933-1934, 52.

From which it will be seen that this year's record does not compare unfavourably with past years, especially those in which heavy rain caused the ground water level to be higher than usual. But a total of 52 deaths due to Enteritis and Diarrhoea among children under the age of 2 years in a Borough with a population of not more than 2000 children of that age is a serious matter and deserves the closest attention of this Department. The sources of infection are the water supply, the milk supply and other food-stuffs when contaminated by these germs, which are not infrequently carried from collections of refuse - manure heaps, pit latrines, uncovered refuse bins, etc., by flies. During this year the prolonged drought, with the consequent shortage of water, gave rise to some anxiety lest infection might be carried by water. This did indeed occur where water supplies were taken from spruits and unprotected wells, but there was no evidence that at any rate the Borough water supply - though it had to be very carefully purified and as carefully watched- carried any diarrhoeal germs. Most of the cases occurred in insanitary houses in the east end of the City, in Camp Drift, in Chase Valley and in the Mountain Rise area, as , for example, in the insanitary dwellings at Maryvale. Where the water supply was good, cases occurred in dwellings where the surroundings were dirty, where the latrine was unhygienic or the food unprotected from the ravages of flies. It may well be said that these 52 deaths were due to dirt, and were preventable. A further attempt must now be made to spread the vital knowledge of the importance of cleanliness in the house, in the kitchen and in the surroundings of the home, - especially among the non-European residents of the Borough.

(7) WATER SUPPLY.

By the courtesy of the Officer in charge, Allerton Laboratory, samples of water from each of the five service reservoirs have been bacteriologically examined every month throughout the year. Samples from the Oribi, Ntabini and Purification works reservoirs were negative to B.Coli in dilutions from 0.1 cc. to 25 cc. each month. A sample from Mason's Reservoir was positive for B.Coli in 10 cc. and 25 cc. in October, and negative throughout in all other months. A sample from Zwartkop Reservoir was positive for B.Coli in 25 cc. in September, but negative throughout in all the other months.

In December samples of Umsindusi River water were taken (a) near Bulwer Street and (b) off New England, i.e. above and below the Sewage Farm. No difference in the B.Coli count was reported in the two samples.

(8)...../

(8) NIGHTSOIL and REFUSE DISPOSAL.

The administration of this work remains in the hands of the City Engineer. From the Public Health Department 136 notices calling upon householders to provide themselves with approved house refuse receptacles were served during the twelve months.

(9) MEAT SUPPLIES. (pages 60 & 61)

An account of the Abattoir was printed in last year's report. During the current year no alteration has been made in the procedure then described.

On the Market, in shops and in tea rooms the following meats were inspected and condemned by the Foods Inspector - 37 lbs.of Beef, 81 lbs.Bacon, 65 dressed fowls, 5 guinea-fowl, 4 hares, 24 pigeons, 6 carcases of venison, 111 lbs of Venison, 68 lbs. of ham, 82 lbs. and 2 tins of Fish, and 198 lbs. of Cooked Meats

There were 28 applications for Butchers' licences, as compared with 30 in 1932-1933; 26 were approved, 1 was approved subject to certain conditions which have since been carried out, and 1 was not approved. In 1932-1933, 27 were approved. It has been found necessary continually to visit these premises and 396 such inspections were made of shops and carts used in the meat trade.

The Native Meat Market in Abattoir Road was inspected by the Medical Officer of Health and an adverse report upon the fly-proofing, cleanliness, and refuse disposal space available was made. It is anticipated that these defects will shortly be rectified.

The total number of animals slaughtered at the Abattoir has fallen by some 5,000, but this is due to the decrease in the number of sheep handled - a result of the prolonged drought last year. As will be seen from the following figures, the number of cattle slaughtered shows a steady increase :-

	Cattle.	Calves.	Sheep.	Pigs.	Goats.	Total.
1929-1930.	9,387	668	29,208	2,952	69	42,284.
1930-1931.	8,866	580	30,428	2,934	19	42,827.
1931-1932.	8,316	559	33,903	3,278	-	46,056
1932-1933.	8,570	552	35,684	3,223	23	48,052
1933-1934.	9,518	670	29,736	2,969	136	43,029

In addition to these animals, the following carcases of animals slaughtered outside the Borough (almost all at the Durban Municipal Abattoir) were submitted for examination and stamping :- 77 Beef, 3 Veal, 172 Mutton and 5 Pork.

The Abattoir Manager comments upon the increased proportion of cattle found to be infested with "measles", 1.26% having to be totally condemned for this reason (0.99% in 1932-1933) and 5.56% being infested (3.83% in 1932-1933). All carcases, not entirely condemned but slightly infested, were placed in cold storage for the 14 days prescribed by Government Regulation. In the opinion of the Abattoir Manager this high degree of infestation is due to two reasons..../

((9) MEAT SUPPLIES Cont'd.)

reasons, firstly, the more severe examination required under the new Regulations and, secondly, the drought.

The following tables show the number of carcases found to be infested with "measles" during the past five years :-

	CATTLE			CALVES.		PIGS.	
	Slaughtered.	% Infested.	% Condemned.	Slaughtered.	% Condemned.	Slaughtered.	% Condemned.
1929-30	9387	3.33	0.85	668	3.14	2952	2.84
1930-31	8866	4.18	1.20	580	4.82	2934	2.07
1931-32	8316	4.12	1.07	559	5.54	3278	1.12
1932-33	8570	3.83	0.99	552	6.15	3223	1.48
1933-34	9518	5.56	1.26	670	5.52	2969	1.75

The proportion of Cattle and Pigs found to be infected with Tuberculosis is slightly lower than last year, 0.55% and 2.55% respectively, as compared with 0.75% and 2.85% in 1932-1933.

The question of a special stunning pen for ritual slaughter has been under consideration and that in use at the Durban Municipal Abattoir has been inspected. The matter has become one of some urgency in view of the provisions of the Slaughter of Animals Act, 1934.

The Abattoir premises have remained in good order with the exception of the roads between the cattle pens which very urgently require hardening. From the public health point of view the present conditions can only be described as most unsatisfactory. On windy days the main building gets the full benefit of the accumulated dust while in wet weather the roads are a revolting mess of mud and manure.

The Abattoir Manager also reports as follows :-
"In my last annual report I stated 'A matter which will have to receive serious consideration in the near future is that of the conveyance of meat from the Abattoir to the Butchers' own premises. The type of vehicles, in most cases, at present in use are in my opinion unsuitable and far from satisfactory.' There has been a slight improvement during the year but the position is still far from satisfactory. I have not pressed the matter on account of the depression and the particularly bad times through which Butchers have been passing. I am hoping however that we will shortly be able to make some real headway in this matter."

It can be said that the Abattoir very well serves its function of protecting the public of Pietermaritzburg as regards their meat supply and in equipment and efficiency the Pietermaritzburg Abattoir compares favourably with any other such institution in the Union of South Africa. As regards the businesslike way in which the Abattoir is run it is only necessary to say that during the past $3\frac{1}{2}$ years the total amount of bad debts has been 2/-, though approximately £14,000. has passed through the Abattoir Manager's office. The work is not altogether congenial, but it is well done.

(10)...../

(10) MILK SUPPLIES. (pages 58 &62)

Applications were made for the registration of 80 dairies within the Borough; of these 64 were approved, 11 were approved subject to certain improvements being carried out, 3 were refused and 2 applications were withdrawn. 39 applications for permits to introduce milk into the Borough were considered and 31 were approved. 18 applications for milk-shops were received and 16 were approved.

These figures are interesting since in 1932-1933 98 dairy and 45 permit applications were received. Gradually the more stringent requirements ofthis Department are having an effect and the dairyman who has quite inadequate premises for the production of clean and safe milk, or who has been carrying on dairying as a side-line without being able properly to supervise the process, is disappearing. Of those who remain it may be said that the great majority are doing their best to comply with the Department's requirements, and a real improvement in sterilisation of utensils and in the cleanliness of milkers has been apparent this year.

The use of the bottle in the sale of milk is also becoming more common. Where two years ago only about 8% of the Borough consumption was delivered in sealed bottles, today the proportion is nearer 38%. A real advance has been made with the new By-Law that requires milk sold in shops to be sold in bottles in to which the milk has been put by the producer and sealed by him.

A new set of Dairy By-Laws was drafted during the year and is now under consideration.

One prosecution of a dairyman for the filling of bottles in the street, and four prosecutions for deficiency of milk fat, were instituted; but the best results are still obtained by the service of notices followed up by personal visits tod airymen who are not complying satisfactorily with the requirements for the supply of a good class of milk. To this end no less than 853 inspections of premises, milk carts, etc. were made by the Foods Inspector.

A Clean Milk Competition was again held under the auspices of the Royal Agricultural Society. This year Mrs.N.B.S. Fryer won the City Council's Cup, and Mr.W.Edmonds was again second, and close behind the winner. The other dairymen in the first six were Mr. G.Murray, Mr.A.Gordon, Mrs. M.A.Todd and Mr.P.C.Henwood, and the Natal Creamery again won the Certificate for Pasteurised Milk, being the only entry.

By the courtesy of the Officer in Charge,Allerton Laboratory, an increased number of milk samples has been bacteriologically examined. Out of the 188 samples so examined 67 had less than 30,000 bacteria per c.c. and 62 had no Bacillus Coli in 1/10 cc. In other words, about one third of the samples proved to be up to "Certified Milk"standard. On the other side of the picture, however, 52 samples contained more than 200,000 bacteria per c.c. and 80 contained B.Coli in 1/10 and 1/100 c.c. The purveyors and producers of these bad samples were immediately visited by the Inspector and assistance given to overcome the defects.

Of...../

((10) MILK SUPPLIES. Cont'd.)

Of 90 samples examined by chemical analysis, 31 contained more than 4% of milk fat and only 3 were below the legal minimum of 3%.

The thanks of the Department are due to the officers at Allerton Laboratory who have undertaken the bacteriological analyses, to the Lecturer in Dairying from Cedara who undertook the chemical analyses, and to the Government Veterinary Officer who, as a judge in the Clean Milk Competition, gave the Department the valuable assistance of his knowledge of dairy premises.

(11) OTHER FOOD SUPPLIES.

A step forward in the right direction was made when the Department called upon all hawkers of confectionery to wrap their cakes, etc., in clean paper before taking them out for sale. It is also satisfactory to be able to report that there were 31 fewer applications for Hawkers' licences; out of the 359 applications received, mostly for the sale of foodstuffs, 334 were approved and 17 were required to make certain alterations before the applications could be considered. After continual pressure had been brought to bear upon the owners of the variegated boxes on wheels which serve as hawkers' carts, some improvement was noted; at least the foodstuffs are generally protected from the dust. But there is still room for very great improvement.

Prosecutions were initiated against a vendor of tomatoes, and against a vendor of beans, whose goods were not fit for human consumption.

A list of the foodstuffs condemned and seized is given on page 59.

BAKEHOUSES.

Applications were received from 9 Bakers for licence, 8 were approved and one was finally approved after certain alterations had been made. A prosecution was initiated against a non-European baker who exposed bread to contamination in a dirty cart. The Foods Inspector paid 96 visits to bakehouses and 29 to bakers' shops. With the exception of 3 of the premises little fault was found in the equipment or the methods of baking and dealing with the bread. The 3 bakehouses referred to have required constant inspection and remained unsatisfactory at the end of the year.

FOOD SHOPS and TEA SHOPS.

1033 inspections were made of shops where food is sold and 511 visits paid to tea shops, cafes, restaurants and eating houses. Sufficient care is not taken in some of the cafes and similar places to ensure that plates, cups and other utensils are properly washed before further use. There is a general tendency for food handlers to be lax in washing their hands thoroughly before serving a customer; no dish should be used for serving food or drinks without first being

cleansed...../

((11) OTHER FOOD SUPPLIES Cont'd.)

(Food Shops and Tea Shops.)

cleansed in a solution of soap or soda or suitable cleansing powder in hot water, followed by a thorough rinsing or spraying or immersion in clean boiling water for 1 minute, or in hot water at not less than 180°F for a period of 2 minutes. Too often all that is done is a hasty swishing of glasses, dishes and other tableware through muddy-looking tepid water.

(12) MATERNITY AND CHILD WELFARE. (pages 40,41, 57)

INFANT MORTALITY RATES.

The same rate as last year, 50.70 deaths of children under the age of 1 year per 1000 births, is recorded for European children. The actual total of such deaths was 18, of which 7 occurred during the first week of life. 5 deaths were due to prematurity, 6 to diarrhoea and enteritis, and 2 to congenital malformations of the heart. Deaths in the first year of life comprised 10% of all deaths.

Among Natives, due to the inadequate registration of births, it is not possible to give a true infantile mortality rate, but 51 deaths were reported, which are 28% of deaths at all ages. Of these 51 deaths, 15 were due to enteritis, 11 to congenital debility, 12 to diseases of the lungs, 5 to prematurity and 3 to congenital syphilis.

Among Coloureds, the infantile mortality rate rose once more to its depressingly high figure of 166.7; out of the 13 deaths, 4 were due to disease of the lungs, 3 to enteritis and 2 to congenital debility. Infantile deaths formed 28% of deaths at all ages.

Among Indians, the infantile mortality rate is 100.9; out of the 22 deaths, 7 were caused by enteritis, 6 were classified as due to congenital debility and 4 were due to disease of the lungs. Infantile deaths comprised 17% of deaths at all ages.

The whole gives a picture, among non-Europeans, of 25 infantile lives lost because those who were responsible for them did not know the meaning of practical cleanliness in the home; of 19 due to poor feeding, unhealthy living, carelessness and ignorance of the parents before the baby was born; and 20 due to chest infections which follow unmistakably in the wake of poverty and of bad housing conditions. In short, at least 83 out of the total of 104 infantile deaths during the year were preventable.

The aim of this Department, as, indeed, the aim of all civilised persons, must be the betterment of the public health and the saving of infantile lives uselessly sacrificed before the altars of ignorance and disease. The colour of the skin of the infant has no bearing on the matter. Maritzburg can proudly claim that disease rears its ugly head less vividly here than in many other towns, but while the non-European infantile mortality rate remains above 100 there are no grounds for pride. To those who claim in extenuation of work undone that such infantile mortality is just Nature's way of weeding out the weakly ones the answer is clear - that preventable diseases like enteritis attack the strong and the weak with equal virulence.

CLINICS...../

((12) MATERNITY & CHILD WELFARE. Cont'd.)

CLINICS AND VISITS.

The line of attack upon a high infantile mortality rate is plain. Improve the environment and teach the parents the simple rules of hygiene so that they may build healthy babies for themselves. The duty of a public health department is not to treat the sick, the clinics are no places for the distribution of medicines, but they are the centres from which education by example and precept must spring. For this reason alone the new Clinic Building is abundantly worth while - with its plentiful windows, it abundant sunshine, its air of cleanliness, of cheerfulness and efficiency.

For the adequate carrying out of the education and the assistance of the ignorant mothers and children of Maritzburg a certain staff is necessary. During 1933-1934 the one Health Visitor paid 1357 visits to European and 335 to Coloured children, while at the Infant Clinics 3953 European, 1367 Native, 1106 Coloured and 515 Indian attendances were made, and at the Ante-Natal Clinic, 157 European expectant mothers made 561 attendances and 59 Coloured mothers attended 160 times. Meanwhile the Native Midwife was present at all Native Clinics, made 5567 visits to children in their homes, of which 213 were confinement visits.

This branch of the Department's staff is definitely being over-worked and unless the work is to go backwards additional interest must now be taken in Indian Infant Welfare and Native Ante-Natal work. This is the best field for the realisation of public health ideals in action - the teaching of the people to help themselves. Voluntary assistance in the organisation of these activities is willingly given and as readily accepted; but the ground must be broken up first by the spades and the ploughs of those trained to appreciate the difficulties of the soil.

In Indian maternity and child welfare work especially is felt the lack of a trained visitor to reach the homes of the mothers. Voluntary workers have bravely started a clinic, the Municipality has provided medical advice, but the work must lag if there is no visitor to advise the parents in the privacy of their own homes.

The Indian Clinic, started at the Aryan Benevolent Home in January,1934, quietly and soundly. During the 6 months, 94 babies have been brought to the clinic 515 times and proof has been given that Indian mothers in Maritzburg want to know how modern hygiene principles can help them and their offspring.

The Ante-Natal Clinic, still catering only for Europeans and for Coloureds, increased from 549 attendances during 1932-1933 to 721 during the current year.

These Clinics and the visits by the Health Visitors provide the best insurance for the future healthiness and happiness of Maritzburg that can be obtained today. For the "cover" so easily obtained the premium is amazingly small.

MATERNAL MORTALITY.

The number of deaths due to sicknesses and accidents of pregnancy and child-bearing was smaller than usual, only 1 European, 1 Coloured and 1 Asiatic death being due to these causes.

MUNICIPAL...../

((12) MATERNITY & CHILD WELFARE Cont'd.)

MUNICIPAL LIST OF MIDWIVES.

A re-examination of the list of midwives entitled to practise within the Borough showed that there were 51 on the list. Of the qualified midwives 10 were in private practice and 37 in hospitals or nursing homes, and 4 unqualified midwives were engaged in private practice.

The district midwifery continued to be done by the King Edward Order of Nurses and Grey's Hospital. 84 European and 59 non-European births received skilled attention from these sources. 3 European and 3 non-European births were attended by the Sanatorium in the District.

(13) BY-LAW NOTICES AND PROSECUTIONS.

1166 notices and formal letters were served regarding breaches of the By-Laws, as compared with 779 served during 1932-1933. Most of these had reference to the absence of proper refuse bins, to nuisances arising from inadequate eaves guttering or other drainage, to unsatisfactory housing accommodation, and to nuisances arising under the malaria regulations.

19 prosecutions were initiated in the Magistrate's Court, 6 under the Public Health By-Laws, 12 under the Foods and Drugs Act, and 1 under under the Dairy By-Laws. These prosecutions are detailed on pages 64-65 of the Appendix.

(14) OTHER MATTERS OF HEALTH AND SANITATION.

Complaints from Burgesses. 311 complaints were received and attended to during the year; these had reference to many matters, from the death of donkeys to the alleged nuisance caused by the constant playing of a jew's harp. Among the matters of public health interest were the breeding of mosquitoes, overcrowding, sewer blockages and nuisances arising from stables, trade wastes, accumulations of refuse, etc.etc.

Inter-Departmental references and other Inspections.

Attention is drawn to the 35 visits made regarding structures apparently erected without plans being submitted, to 21 visits regarding defective water fittings, to 78 visits regarding blocked drainage systems, to 534 visits paid with reference to plans for new buildings and, among others, to 274 visits, many at night, made in connection with actual and alleged breaches of the Urban Areas Act.

(15) MEDICAL EXAMINATION OF NATIVES.

The necessity for a routine examination of all Natives seeking registration or entering the town was clearly shewn in the last Annual Report. The reasons given for this examination are the prevention of the spread of infectious disease, and especially of venereal disease, in the Borough.

On...../

((15) MEDICAL EXAMINATION OF NATIVES. Cont'd.)

On the 1st February, 1934, Dr. G.Moggridge started duty as medical assistant to the Medical Officer of Health for the purpose of carrying out a medical examination of all male natives reporting at the Togt office for registration. This work is carried out daily at the office of the Municipal Native Administration Department. The results obtained from the first five months of such inspections have amply proved the real necessity for this check upon the entrance of infected persons into the homes and business places of Maritzburg.

The compulsory examination is limited to Native males, as permission cannot at present be obtained to include Native females in this essential service. But arrangements were made, and widely advertised, that Native females voluntarily presenting themselves for examination would be examined at noon every Thursday, the Native nurse being in attendance.

During the five months 4843 Native males and 15 females have been examined. Of the males 167 (3.45%) were found to be unfit for work owing to the presence of infectious disease. In about 95% of these "unfit" cases the cause of disease was syphilis or gonorrhoea. The procedure adopted with these infected persons has been to advise them that treatment must immediately be obtained and to remove them under escort to the Epidemic Hospital where they remain until they are no longer infectious. A certain proportion, not actively dangerous to their fellow beings, are sent to the Clinic at Grey's Hospital for treatment as out-patients.

9 were referred to Grey's Hospital because of chest conditions, probably due to tuberculosis infection; such cases in future will be referred direct to the Tuberculosis Clinic.

Of the 15 women examined 5 (33%) were found to be unfit for work on account of venereal disease.

It is only necessary here to point out once more the great benefit to the health of the town that results from these examinations which not only serve to discover venereal and tubercular infections but also act as a useful barrier to the importation of vermin on the bodies of persons who may, at certain times of the year, come direct from a Typhus-infected area. With regard to the discovery of so much venereal disease it is now clear that in the past a great deal of dangerous infection must have been present in the town unknown to burgesses.

MEDICAL EXAMINATION OF EUROPEAN AND COLOURED RELIEF WORKERS.

In order to assist the City Engineer's Department 73 workers were examined during May and June by the Medical Assistant to the Medical Officer of Health. 16 of these men were found to be unfit for sustained pick and shovel work.

(16) PUBLIC HEALTH EDUCATION.

Apart from various public talks on health subjects, press propaganda, the production and distribution of pamphlets and the presentation of the malaria film to large crowds at the Grand

Theatre...../

((16) PUBLIC HEALTH EDUCATION. Cont'd.)

Theatre and King's Cinema, two valuable activities during the year have been the stall at the Royal Agricultural Show and the courses of training for the Certificate of the Royal Sanitary Institute and for a local certificate for non-European Health Assistants.

Stall at the Royal Agricultural Society Show. A semi-permanent structure was this year erected in the Industrial Hall to house the exhibits of this Department. Attention was especially drawn to the foodstuffs and to water in relation to Health and Disease by means of models, specimens, charts and pamphlets, and thousands of interested spectators passed through the stall during the Show. From the questions asked it was plain that visitors appreciated this attempt to place health news and health views before the public. The stall was awarded a Certificate of Special Excellence for the display presented. His Excellency the Governor General visited the exhibit and showed his gracious interest.

Course of Training for the Royal Sanitary Institute Certificate. Under the aegis of the Pietermaritzburg Technical College a full course of training was approved by the Royal Sanitary Institute and completed during 1933. 8 candidates presented themselves for the examination in December, of whom 5 were successful, including Mrs. E.A.THOMPSON, Senior Clerk in the Department, Mr. E.R.LUPTON, Malaria Inspector in the Adjacent Areas, and Mr. P.J.NEWSOM of the City Engineer's Department. This proportion of successful candidates was higher than that recorded for any other centre in South Africa and the high standard of the Maritzburg entrants was favourably commented upon by the Board of the Institute. A second course started in January, 1934, with 10 students, in preparation for the examination at the end of 1934. A brief revision course was also held, and Mr. G.A.McINTOSH, Learner Meat Inspector at the Abattoir, successfully passed the examination for the Certificate in June.

This course of studies, covering as it does the wide field of hygiene, sanitation, infectious diseases, diet and the preservation and care of foods, water purification, building, the law relating to public health, and the preliminary study of physics and chemistry, is of value not only in producing technically qualified health inspectors but also in spreading among a wider section of the public a detailed knowledge of the scope and duties of a Department such as this.

Course of Training for non-European Health Assistants. The first course of training organised by a Municipality in South Africa for non-Europeans in the theory and practice of hygiene and sanitation was carried out during the first six months of 1934. Five Indians and eight Natives who had previously achieved the standard of Junior Certificate and who were personally recommended were accepted for training. Daily lectures were given, covering the subjects of anatomy, physiology, elementary hygiene and sanitation, and intensive practical instruction was given in disinfection, fumigation, the measures taken against the spread of infectious disease, malaria control, housing, water supply, sanitation, diet and personal hygiene. A month was spent by each student as a nurse-orderly at Grey's Hospital, and further instruction was given in the preparation and delivery of simple health talks to people of their own nationality.

The Senior Assistant Health Officer, Natal, Dr. Park Ross

and.../

((16) PUBLIC HEALTH EDUCATION. Cont'd.)

(Course of Training for Non-European Health Assistants)

and Dr. F.W.P.Cluver, examined the candidates at the conclusion of the course and, after w itten and oral examinations, passed 3 Indians and 6 Natives.

These men are now equipped to act as non-European Health Assistants under the supervision of Europeans and should be able to do much toward the ultimate realisation of the non-European residents.

(17) STAFF

The staff of the Department on June 30th,1934, was as follows :-

Administrative and Office:-

Medical Officer of Health : Dr.C.C.P.Anning,M.A., MR.C.S., D.P.H.,
Chief Clerk : Mrs.E.A.THOMPSON. Cert. R.S.I.
Junior Clerk : C.W.REID.
Typiste : Miss E.M.HUGHES.
One Native Messenger.

Inspectorial:-

Senior Health Inspector : R. BYRES. Cert. R.S.I.
Health Inspector : J.G.BIGLEY. Cert. R.S.I.
Health Inspector : V.F.WOODIWISS. Cert. R.S.I.
Health Inspector : C.F.WYATT. Cert. R.S.I.
Rodent and Fumigation Inspector : J.M.McINTOSH.
Learner Health Inspector : R.E.BUNN.
One Indian Fumigation Assistant.

Maternity and Child Welfare:-

Medical Officer (part-time) : Dr. JANET KELLY.M.B., Ch.B.
Health Visitor : Miss E.M.McDOUGALL.
Native Midwife : Nurse LEAH YENI.

Isolation Hospital :-

Matron : Miss G.M.HUTCHINSON.
Staff Nurse. : Miss M.A.STEWART
Probationer Nurse : Miss P.SHEEN.
3 Native domestic Servants ; 1 Native Night Watchman.

Epidemic Hospital :-

Caretaker : J.M.McINTOSH.
Housekeeper : Mrs. J.M.McINTOSH.
One Native Medical Orderly.

Medical Examination of Natives :-

Medical Officer (part-time) : Dr.G.MOGGRIDGE,M.B., Ch.B.
Two Native Clerks (part-time).

Abattoir. ...../

((17) STAFF. Cont'd.)

Abattoir :-

Manager : G.B.LUPTON. Cert.R.S.I.
Learner Inspector : G.A.McINTOSH. Cert.R.S.I.
Stockyard Foreman : H.M.BLACK.
One Indian Boiler Attendant.
Ten Native Labourers.

V.D.Clinic :-

Medical Officer: Member of Grey's Hospital Staff.
European Clinic Orderly (part-time) : H.L.RENNIE.
Sisters and Orderlies from Grey's Hospital Staff.

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HOUSING. (pages 62-66)

During the year 290 Building Plans, and the premises in connection therewith, were examined for the City Engineer's Department, 21 of these were returned as not in order, and 83 returned as in order subject to certain amendments being made to comply with the Public Health By-Laws.

The City Engineer advises that during the year 32 new houses for Europeans and 13 for non-Europeans have been erected within the Borough, while 27 dwellings for Natives have been erected in connection with new or existing buildings.

The areas within the Borough where housing conditions are generally unsatisfactory are as follows :-

(1) CAMP DRIFT AREA - These dwellings were completely surveyed in July, 1933 and it was found that of 272 houses containing 722 rooms, 69 (200 rooms) were reasonably satisfactory, 36 (100 rooms) could be put in a reasonably habitable condition if structural alterations were carried out, and 167 (443 rooms) are unfit for human habitation and could not be made fit by any alterations. In the 167 impossible buildings, almost all of which are constructed of wattle and daub or wood and iron, 830 Asiatic, 59 Coloured and 176 Native persons were residing at the time of inspection. These buildings have been reported to Council as being unfit for human habitation and their demolition only awaits the provision of suitable alternative accommodation. As a start, 12 vacant shacks were condemned and duly demolished.

(2) CITY EAST AREA - A house-to-house survey of all dwellings in this area is now in course of completion and a full report is to be presented, dealing especially with those properties that come within the meaning of the Slums Act of 1934.

A survey of all Barracks earlier in the year disclosed the fact that in 105 such dwellings, mostly in the City East area, there were living 11 Europeans, 7 Chinese, 319 Natives, 2086 Indians and 434 Coloureds in 937 rooms - an average of 3.05 persons per room. Over-crowding was found to be fairly general and few of these barracks are completely satisfactory as dwelling quarters. Apart from structural defects continual trouble arises in most of these barracks from the fact that no one person is responsible for the general cleanliness and sanitary condition of the block of rooms and the surroundings.

(3) MARYVALE AREA - A survey of dwellings was undertaken in July and August, 1933, as the result of which it was found that 77 out of the 83 dwellings were unfit for human habitation; 37 had no sanitary accommodation, and 39 had insanitary pit privies; no provision for surface drainage was discovered and the water supply is unsatisfactory. The 23 dwellings on Corporation property are being vacated and will be demolished.

(4) FITZSIMMONS LOCATION, NEW SCOTLAND, CHASE and TOWN BUSH VALLEYS and SLANG SPRUIT.

Surveys of these areas were begun during the year and reports are now awaited.

During...../

HOUSING. (Cont'd)

During the year 74 applications under the Urban Areas Act for licences to house Natives within the Borough were considered. 46 were approved for temporary licence, 10 were approved subject to the applicant making certain alterations to the quarters to make them fit for habitation, while 18 were not approved and were returned to the Manager, Municipal Native Administration Department, as not in order.

The Inspectors made 1210 visits regarding structural defects in premises, most of which were due to inadequate lighting and ventilation of habited rooms and to defective eaves guttering causing dampness of dwellings.

27 premises were reported to Council as being unfit for human habitation; these contained 75 rooms. 2 of these premises were condemned for habitation under By-Law 19 (a); 20 were condemned under By-Law 19 (b) and have since been demolished, including 15 in the Camp Drift Area; the condemnation order regarding 1 of the premises has been withdrawn subject to the shack in question being used only for garden purposes; the remaining 4 premises are now being dealt with.

The number of insanitary premises dealt with under Public Health By Law No.19 is increasing and gradually the worst of the dwellings in the Borough are being cleared. The powers given to the Municipality under the Slums Act of 1934 will make more feasible the clearing of insanitary properties in the areas referred to above and, at the same time, make possible the provision of alternative and sanitary dwellings for the ejected tenants. Such action must await the completion of the various reports upon these areas early in the new year, though attention of Council has already been drawn repeatedly to the disgusting dwellings existent in Camp Drift which require immediate demolition on public health grounds.

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D E A T H S

	European				Native				Coloured				Asiatic			
	Res.			N-R.	Res.			N-R.	Res.			N-R.	Res.			N-R.
	M	F	P	P	M	F	P	P	M	F	P	P	M	F	P	P
1) Infectious and Parasitic Diseases.																
001.Enteric Fever.	0	1	1	7	2	1	3	20	1	0	1	0	0	1	1	6
003.Typhus Fever.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
008.Measles.	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0
010.Whooping Cough.	0	0	0	0	0	2	2	1	0	1	1	0	1	0	1	3
011.Diphtheria.	1	0	1	0	0	0	0	2	1	0	1	0	0	0	0	0
012.Influenza (with Pulm.Complications)	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
013.Influenza (without Pulm.Complications)	0	0	0	0	3	1	4	1	0	0	0	0	1	0	1	0
015.Dysentery.Amoebic	1	0	1	0	1	0	1	8	0	0	0	0	0	0	0	0
016.Dysentery.Bacillary.	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0
017.Dysentery. Other.	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0
023.Ac.Antr.Poliomyelitis.	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0
025.Men.Cerebro-Spinal Meningitis.	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0
030.Tuberculosis:Respiratory System.	4	3	7	10	13	11	24	71	6	1	7	3	6	9	15	4
031. Tuberculosis: Nervous System.	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0
032.Tuberculosis: Intestines.	0	0	0	0	0	1	1	3	0	0	0	0	1	1	2	0
033.Tuberculosis:Vertebral Column.	0	0	0	0	0	0	0	2	0	1	1	0	1	0	1	0
036.Tuberculosis:Lymphatic System.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
039.Ac.Disseminated Tuberculosis.	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0
042. Syphilis.	0	0	0	3	3	3	6	12	1	0	1	1	0	0	0	0
045.Septicaemia.	0	0	0	0	1	0	1	6	0	0	0	0	1	1	2	1
047.Malaria.	3	4	7	4	9	5	14	50	2	2	4	0	6	6	12	4
051.Hydatid Cysts.	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0
060.Chicken Pox.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total: Group 1.	11	8	19	24	34	24	58	193	11	6	17	5	18	19	37	19
2) Malignant and Other Tumours.																
100.Cancer:Buccal Cavity.	2	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0
101.Cancer:Digestive organs.	8	6	14	8	4	1	5	0	1	0	1	0	0	0	0	1
103.Cancer: Uterus.	0	1	1	0	0	0	0	0	0	2	2	0	0	0	0	0
105.Cancer:Female Urinary Organs.	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0
106.Cancer:Breast.	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0
107.Cancer:Male Gen-Urinary Organs.	1	0	1	1	0	0	0	0	1	0	1	0	0	0	0	0
108.Cancer : Skin.	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
109.Cancer:Oth.Organs	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
122.Tumour of undetermined nature.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Total: Group 2.	11	10	21	9	4	2	6	3	2	2	4	0	0	1	1	1
Totals C/Forward.	22	18	40	33	38	26	64	196	13	8	21	5	18	20	38	20

Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.			N-R.	Res.			N-R.	Res.			N-R.	Res.			N-R
	M	F	P	P	M	F	P	P	M	F	P	P	M	F	P	P
Totals B.Forward.	22	18	40	33	38	26	64	196	13	8	21	5	18	20	38	20
3) Rheumatism, Dis. of Nutrition, etc.																
149. Rheumatic Fever.	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
150. " Fever: Affections of Heart.	0	1	1	0	1	0	1	2	0	0	0	0	0	1	1	1
153. Diabetes.	2	3	5	1	0	1	1	0	0	0	0	0	0	0	0	0
154. Scurvy.	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
161. Exophthalmic Goitre.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
162. Myxoedema.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
163. Tetany.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Total: Group 3.	2	5	7	1	1	1	2	4	0	1	1	0	0	2	2	2
4) Diseases of Blood etc.																
202. Pernicious Anaemia.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
203. Other Anaemia.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
204. Leucaemia.	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Total: Group 4.	0	1	1	1	0	0	0	0	0	0	0	1	0	0	0	0
5) Chronic Poisoning.																
250. Alcoholism.	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Total: Group 5.	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
6) Diseases of the Nervous System.																
301. Simple Meningitis.	0	1	1	1	0	1	1	1	0	0	0	0	1	0	1	0
303. Oth. Dis. of Spinal Cord.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
304. Cerebral Haemorrhage (Apoplexy).	4	2	6	3	0	1	1	1	0	0	0	1	0	2	2	1
305. Cerebral Embolism.	1	1	2	0	0	0	0	0	0	1	1	0	0	0	0	0
306. Hemiplegia.	1	3	4	0	0	0	0	2	0	0	0	0	0	0	0	0
307. Oth. Paralyses.	2	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0
308. General Paralysis of Insane.	1	0	1	1	0	0	0	2	0	0	0	0	0	0	0	1
309. Other forms of Insanity.	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
310. Epilepsy.	0	1	1	3	0	0	0	4	0	0	0	0	0	0	0	1
311. Infantile Convulsions (Under 5 yrs.)	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
312. Chorea.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
313. Other Diseases of Nervous System.	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0
315. Dis. of Ear and Mastoid.	0	1	1	0	0	0	0	2	0	1	1	0	2	0	2	0
Total: Group 6.	10	10	20	11	1	2	3	13	2	2	4	1	3	2	5	3
Totals : C/Forward.	36	34	70	46	40	29	69	213	15	11	26	7	21	24	45	25

Deaths Cont'd.

	European				Native				Coloured				Asiatic.			
	Res.			N-R.	Res.			N-R.	Res.			N-R.	Res.			N-R
	M	F	P	P	M	F	P	P	M	F	P	P	M	F	P	P
Totals: B/Forward.	36	34	70	46	40	29	69	213	15	11	26	7	21	24	45	25
7) Diseases of Circulatory System.																
350.Pericarditis.	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
351.Ac.Endocarditis.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
352.Chr.Endocarditis) & Valvular Dis.)	4	1	5	2	0	2	2	10	0	0	0	0	0	2	2	1
353.Ac. Myocarditis.	0	0	0	1	1	0	1	0	0	0	0	0	0	1	1	0
354.Fatty Heart.	2	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0
355.Oth.Diseases of) Myocardium.)	6	4	10	4	1	0	1	9	1	0	1	0	5	4	9	0
356.Angina Pectoris.	3	0	3	3	1	0	1	0	0	0	0	0	1	0	1	1
357.Oth.Dis.of Heart.	4	0	4	0	2	0	2	4	0	0	0	0	1	2	3	2
358.Aneurysm.	0	0	0	2	0	0	0	2	0	0	0	0	0	0	0	0
359.Arterio-sclerosis.	0	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0
361.Gangrene.	1	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0
362.Oth.Diseases of) Arteries.)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
365.Abnormalities of) Blood Pressure.)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Total : Group 7.	21	7	28	15	6	2	8	26	1	0	1	1	8	9	17	4
8) Diseases of Respiratory System.																
400.Dis.of Nasal) Fossæ.)	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
401. Dis.of Larynx.	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
402.Bronchitis:Acute.	0	1	1	4	0	2	2	2	1	0	1	0	2	1	3	3
403.Bronchitis:Chronic.	1	4	5	1	4	0	4	6	1	0	1	0	4	1	5	1
404.Broncho-Pneumonia.	0	1	1	1	5	8	13	17	1	2	3	0	2	4	6	4
405.Pneumonia:Lobar.	1	1	2	3	2	1	3	11	1	0	1	0	4	0	4	1
406.Pneumonia:Other.	0	2	2	0	3	4	7	9	0	0	0	0	3	0	3	2
407.Empyaema.	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0
408.Other Pleurisy.	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
409.Pulm.Congestion.	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
410.Asthma.	0	3	3	0	0	0	0	1	0	0	0	0	3	0	3	0
412.Oth.Dis.of Respiratory System.	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
413.Miners' Phthisis) (Without T.B.)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
414.Miners' Phthisis (With T.B.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Total :Group 8.	4	13	17	11	15	15	30	49	5	2	7	1	18	6	24	11
Totals C/Forward.	61	54	115	72	61	46	107	288	21	13	34	9	47	39	86	40

Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.		N-R.		Res.		N-R.		Res.		N-R.		Res.		N-R.	
	M.	F.	P	P	M	F	P	P	M	F	P	P	M.	F.	P	P
Totals B/Forward.	61	54	115	72	61	46	107	288	21	13	34	9	47	39	86	40
) Diseases of Digestive System.																
50.Dis.of Buccal Cavity	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
52.Dis.of Oesophagus.	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
53.Ulcer of Stomach.	1	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0
54.Ulcer of Duodenum.	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
56.Diarrhoea & Enteritis (Under 2 yrs.)	5	1	6	1	11	20	31	31	4	1	5	2	6	4	10	1
57.Diarrhoea & Enteritis (2 yrs.& over).	0	0	0	1	6	2	8	11	0	1	1	1	3	1	4	3
58.Appendicitis.	2	1	3	2	0	0	0	2	0	0	0	1	0	0	0	1
59.Hernia.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
60.Intest.obstruction.	2	2	4	1	0	1	1	2	0	0	0	1	0	0	0	0
61.Oth.Dis.Intestines.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
63.Cirrhosis of Liver) (Non-Alcoholic.)	1	0	1	0	0	0	0	3	0	0	0	0	0	0	0	0
65.Oth.Dis.of Liver.	1	0	1	0	1	0	1	4	0	0	0	0	0	0	0	0
66.Biliary Calculi.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
67.Oth.Dis.Gall Bladder.	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	1
69.Peritonitis.	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	1
Total: Group 9.	13	5	18	10	18	23	41	57	4	3	7	6	9	6	15	7
0)Non V.D.Disease of Genito-Urinary System.																
00. Ac.Nephritis.	0	0	0	2	1	0	1	2	0	0	0	0	0	1	1	0
01. Chr.Nephritis.	3	5	8	4	2	1	3	5	0	1	1	0	5	0	5	1
02. Undefined "	1	1	2	1	0	0	0	0	0	0	0	0	1	0	1	0
03.Oth.Dis.of Kidneys.	1	2	3	1	0	0	0	0	0	0	0	0	0	0	0	0
05.Dis.of Bladder.	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0
06.Dis. of Urethra.	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
07.Dis. of Prostate.	2	0	2	1	0	0	0	1	0	0	0	0	0	0	0	0
08.Dis.of Male Genital Organs.)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
10.Dis.of Fallopian) Tubes.)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Total : Group 10.	9	8	17	10	3	1	4	10	0	1	1	0	7	1	8	1
1) Dis.Pregnancy Etc.																
50.Post Abort.Sepsis.	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
51.Abortion.Non-Septic	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
52.Estopic Gestation.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
53.Oth.Accid.Pregnancy.	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0
54.Puerp.Haemorrhage.	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0
55.Puerperal Sepsis.	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
58.Puerp.Phlegmasia.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
59.Oth.Accidents of) Childbirth.)	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
60.Oth.or Unspecified) Cond.Puerperal State)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Total: Group 11.	0	1	1	1	0	0	0	9	0	1	1	0	0	1	1	1
Totals C/Forward.	83	68	151	93	82	70	152	364	25	18	43	15	63	47	110	49

Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.			N-R.	Res.			N-R.	Res.			N-R.	Res.			N-R.
	M	F	P	P	M	F	P	P	M	F	P	P	M	F	P	P
Totals B/Forward.	83	68	151	93	82	70	152	364	25	18	43	15	63	47	110	49
12) Diseases of the Skin etc.																
601.Cellulitis.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
602.Oth.Dis.of Skin.	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0
Total: Group 12.	1	0	1	0	0	0	0	0	0	0	0	0	0	3	3	0
13) Diseases of Bones etc.																
650.Acute Infective Osteomyelitis.	0	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0
651.Oth.Dis.of Bone.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Total: Group 13.	0	0	0	2	0	0	0	2	0	0	0	0	0	0	0	0
14) Congenital Malformations.																
702.Congenital malformation of heart.	0	2	2	0	0	0	0	0	0	0	0	0	1	0	1	0
703.Oth.Congenital malformations.	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0
Total : Group 14	0	3	3	0	0	0	0	1	0	0	0	0	1	0	1	0
15) Diseases of Early Infancy.																
750.Cong.Debility.	1	0	1	1	8	3	11	13	1	1	2	0	4	1	5	0
751.Premature Birth.	1	4	5	1	3	2	5	7	0	1	1	0	1	2	3	0
752.Injury at Birth.	0	1	1	1	0	1	1	1	0	0	0	0	0	0	0	0
753.Oth.Diseases.	1	0	1	2	1	0	1	1	0	0	0	0	0	0	0	0
Total: Group 15.	3	5	8	5	12	6	18	22	1	2	3	0	5	3	8	0
16) Old Age.																
800. Old Age.	1	9	10	16	0	0	0	8	1	0	1	1	2	2	4	4
Total: Group 16.	1	9	10	16	0	0	0	8	1	0	1	1	2	2	4	4
17) Deaths from Violence.																
850.Suicide by Poisoning.	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0
852. " by Hanging or Strangulation.	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
854. " by Firearms.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
859. Infanticide (Under 1 year.)	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
861.Homicide by Cutting or piercing instrumts.	0	0	0	0	1	0	1	4	0	0	0	0	0	0	0	0
862.Homicide,Oth.Means.	0	0	0	0	3	0	3	7	0	0	0	0	0	0	0	0
866.Oth.Acute Accidental Poisoning.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
868.Accidental Burns.	0	1	1	0	0	2	2	3	0	0	0	0	0	1	1	0
C/Forward.	2	2	4	1	4	2	6	14	0	0	0	2	0	2	2	1
Totals:Groups 12-16 C.Forward. :	88	85	173	116	94	76	170	397	27	20	47	16	71	55	126	53

Deaths Cont'd.

	European				Native				Coloured				Asiatic			
	Res.			N-R.	Res.			N-R	Res.			N-R	Res.			N-R
	M	F	P	P	M	F	P	P	M	F	P	P	M	F	P	P
Totals: B/Forward.	88	85	173	116	94	76	170	397	27	20	47	16	71	55	126	53
17) Deaths from Violence Cont'd.																
B/Forward.	2	2	4	1	4	2	6	14	0	0	0	2	0	2	2	1
869. Accid. Mechanical suffocation.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
870. Accid. Drowning.	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0
871. Accid. Injury by Firearm.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
872. Acc. Injury by Cutting or Piercing Instruments.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
874. Acc. Injury in Quarries.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
876. Acc. Injury by Railways.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
877. Acc. Injury by Motor Vehicles.	1	0	1	0	2	0	2	0	0	0	0	0	1	0	1	0
878. Acc. Injury by Motor Cycles.	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0
879. Acc. Injury by Animal-drawn Vehicles.	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
880. Acc. Injury by Oth. Land Transport.	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0
883. Acc. Injury by Fall.	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0
887. Injury by Animals.	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0
891. Lightning.	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
892. Electricity (Lightning excepted.	1	0	1	0	2	0	2	0	0	0	0	0	0	0	0	0
895. Other Accidental Violence.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
899. Judicial Execution.	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
Total: Group 17.	7	3	10	1	11	2	13	26	0	0	0	2	3	2	5	1
18) Ill-Defined Diseases.																
951. Cause of Death Unstated.	1	0	1	0	0	0	0	3	0	0	0	0	0	0	0	1
Total: Group 18.	1	0	1	0	0	0	0	3	0	0	0	0	0	0	0	1
GRAND TOTAL :	96	88	184	117	105	78	183	426	27	20	47	18	74	57	131	55

INFANTILE MORTALITY.

RESIDENTS.

	European			Native			Coloured			Asiatic			All N-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
During 1st Week.	2	5	7	8	4	12	1	1	2	2	1	3	11	6	17
Rest of 1st Month.	0	1	1	4	3	7	1	0	1	4	4	8	9	7	16
2nd to 6th Months	4	4	8	13	8	21	3	2	5	4	1	5	20	11	31
7th to 12th Months.	2	0	2	3	8	11	4	1	5	2	4	6	9	13	22
Total:	8	10	18	28	23	51	9	4	13	12	10	22	49	37	86

INFANTILE MORTALITY RATE.

(DEATHS PER 1000 BIRTHS.)

	European	Native	Coloured	Asiatic
1st Week.	19.72	-	25.64	13.76
Rest of 1st Month.	2.82	-	12.82	36.69
2nd to 6th Months.	22.53	-	64.10	22.94
7th to 12th Months.	5.63	-	64.10	27.52
Inf.Mortality Rate.	50.70	-	166.66	100.91

Owing to the inadequate registration of Native Births, no Rate for Natives is given.

PERCENTAGE OF DEATHS AT ALL AGES

OCCURRING IN THE FIRST YEAR OF LIFE.

European	:	9.8%
Native	:	27.8%
Coloured	:	27.7%
Asiatic	:	16.7%
All Non-European	:	23.8%
All Races	:	19.1%

INFANTILE DEATHS FROM VARIOUS CAUSES EXPRESSED AS A PERCENTAGE OF ALL INFANTILE DEATHS.

	European	Native	Coloured	Asiatic	All Non-Eur:
Epidemic Diseases.	0.0	7.8	7.7	0.0	7.0
Tuberculosis.	0.0	1.9	0.0	0.0	1.2
Syphilis .	0.0	5.9	7.7	0.0	4.7
Inf.Convulsions.	0.0	0.0	7.7	0.0	1.2
Respiratory Diseases.	5.6	15.7	23.1	18.2	17.4
Gastro-Intest.Dis.	33.3	29.4	23.1	31.8	29.1
Malformations.	16.6	0.0	0.0	0.0	0.0
Premature Birth.	27.8	9.9	7.7	4.5	8.1
Dis. of early) Infancy.)	11.1	23.5	15.3	27.3	23.2
Other DCauses .	5.6	5.9	7.7	18.2	8.1
	100.0	100.0	100.0	100.0	100.0

INFANTILE MORTALITY.

CAUSES OF DEATH.

RESIDENTS.

	European			Native			Coloured			Asiatic			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Whooping Cough.	0	0	0	0	1	1	0	1	1	0	0	0	0	2	2
Influenza.	0	0	0	3	0	3	0	0	0	0	0	0	3	0	3
T.B.Nervous System.	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Syphilis.	0	0	0	3	0	3	1	0	1	0	0	0	4	0	4
Septicaemia.	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
Scurvy.	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
Meningitis.	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
Convulsions.	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1
Oth.Dis.Nervous System.	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1
Pericarditis.	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Ac.Bronchitis.	0	1	1	0	2	2	1	0	1	0	1	1	1	3	4
Broncho-Pneumonia.	0	0	0	2	3	5	1	1	2	1	2	3	4	6	10
Lobar Pneumonia.	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Diarrhoea and Enteritis.	5	1	6	5	10	15	3	0	3	6	1	7	14	11	25
Dis.of Skin.	0	0	0	0	0	0	0	0	0	0	2	2	0	2	2
Cong.Malformation of Heart	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0
Oth.Cong.Malformations.	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Congenital Debility.	1	0	1	8	3	11	1	1	2	5	1	6	14	5	19
Premature Birth.	1	4	5	3	2	5	0	1	1	0	1	1	3	4	7
Injury at Birth.	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1
Other Dis.of Infancy.	1	0	1	1	0	1	0	0	0	0	0	0	1	0	1
Total :	8	10	18	28	23	51	9	4	13	12	10	22	49	37	86

ENTERIC FEVER.

DEATHS IN MONTHS OF THE YEAR.

(1) RESIDENTS

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December.	0	0	0	0	0	0	1	0	1	0	1	1	1	1	2
January.	0	1	1	1	1	2	0	0	0	0	0	0	1	1	2
February.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
April.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May.	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
June.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	0	1	1	2	1	3	1	0	1	0	1	1	3	2	5

DEATH RATES PER THOUSAND LIVING

European	:	0.05)	
Native	:	0.23)	
Coloured	:	0.49)	All Persons : 0.13
Asiatic	:	0.12)	
All Non-European	:	0.21)	

(2) NON-RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	1	1	2	0	0	0	0	0	0	1	1	2
August	0	1	1	2	0	2	0	0	0	0	0	0	2	0	2
September.	0	0	0	2	0	2	0	0	0	0	1	1	2	1	3
October.	0	0	0	2	0	2	0	0	0	0	0	0	2	0	2
November.	2	0	2	1	0	1	0	0	0	1	0	1	2	0	2
December.	1	0	1	0	1	1	0	0	0	0	0	0	0	1	1
January.	0	1	1	1	0	1	0	0	0	1	0	1	2	0	2
February.	0	0	0	1	1	2	0	0	0	2	0	2	3	1	4
March.	1	0	1	1	1	2	0	0	0	1	0	1	2	1	3
April.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
May.	0	0	0	0	3	3	0	0	0	0	0	0	0	3	3
June.	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
Total :	5	2	7	11	8	19	0	0	0	5	1	6	16	9	25

M A L A R I A

DEATHS IN MONTHS OF THE YEAR.

(1) RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July.	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
August.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September.	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
October.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
January.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February.	0	0	0	3	0	3	0	0	0	0	0	0	3	0	3
March.	1	2	3	3	0	3	0	1	1	1	4	5	4	5	9
April.	2	1	3	1	4	5	2	0	2	2	2	4	5	6	11
May.	0	1	1	2	1	3	0	0	0	2	0	2	4	1	5
June.	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
Total :	3	4	7	9	6	15	2	2	4	6	6	12	17	14	31

DEATH RATES PER THOUSAND LIVING.

European	: 0.32)	
Native	: 1.16)	
Coloured	: 1.98)	All Persons : 0.85
Asiatic	: 1.47)	
All Non-European	: 1.34)	

(2) NON-RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July.	0	0	0	0	3	3	0	0	0	0	1	1	0	4	4
August.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October.	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
November.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
January.	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1
February.	1	0	1	8	1	9	0	0	0	0	0	0	8	1	9
March.	1	1	2	10	6	16	0	0	0	0	0	0	10	6	16
April.	0	0	0	9	4	13	0	0	0	0	0	0	9	4	13
May.	0	0	0	6	2	8	0	0	0	1	1	2	7	3	10
June.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total:	2	2	4	33	17	50	0	0	0	2	2	4	35	19	54

PULMONARY TUBERCULOSIS.

DEATHS IN MONTHS OF THE YEAR.

(1) RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July.	1	0	1	1	1	2	1	0	1	1	1	2	3	2	5
August.	0	0	0	0	0	0	0	0	0	0	5	5	0	5	5
September.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October.	0	0	0	0	7	7	0	0	0	1	0	1	1	7	8
November.	1	0	1	1	0	1	2	0	2	0	1	1	3	1	4
December.	0	0	0	2	1	3	1	0	1	2	0	2	5	1	6
January.	1	0	1	2	0	2	0	0	0	1	1	2	3	1	4
February.	0	0	0	1	2	3	1	0	1	0	0	0	2	2	4
March.	0	0	0	2	0	2	0	0	0	0	0	0	2	0	2
April.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May.	1	2	3	3	0	3	0	1	1	1	1	2	4	2	6
June	0	1	1	1	0	1	1	0	1	0	0	0	2	0	2
Total:	4	3	7	13	11	24	6	1	7	6	9	15	25	21	46

DEATH RATES PER THOUSAND LIVING.

European	: 0.32)	
Native	: 1.93)	
Coloured	: 3.47)	All Person : 1.22
Asiatic	: 1.86)	
All Non-European	: 2.04)	

(2) NON-RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July.	0	0	0	5	1	6	0	0	0	1	0	1	6	1	7
August.	0	1	1	4	0	4	0	0	0	0	0	0	4	0	4
September.	1	0	1	6	2	8	0	0	0	0	0	0	6	2	8
October.	1	1	2	3	1	4	1	0	1	1	0	1	5	1	6
November.	0	0	0	3	1	4	1	0	1	0	0	0	4	1	5
December.	0	0	0	7	1	8	0	0	0	0	0	0	7	1	8
January.	0	1	1	5	2	7	0	1	1	0	0	0	5	3	8
February.	1	0	1	2	3	5	0	0	0	1	0	1	3	3	6
March.	1	1	2	1	3	4	0	0	0	0	0	0	1	3	4
April.	0	1	1	7	3	10	0	0	0	0	0	0	7	3	10
May.	0	1	1	8	1	9	0	0	0	1	0	1	9	1	10
June.	0	0	0	1	1	2	0	0	0	0	0	0	1	1	2
Total:	4	6	10	52	19	71	2	1	3	4	0	4	58	20	78

PULMONARY TUBERCULOSIS Cont'd.

DEATHS OF RESIDENTS IN AGE GROUPS.

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 "	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
2- 4 years.	0	1	1	1	0	1	1	0	1	0	0	0	2	0	2
5-14 "	0	0	0	0	0	0	2	0	2	0	1	1	2	1	3
15-24 "	0	1	1	1	0	1	0	0	0	3	5	8	4	5	9
25-34 "	0	1	1	2	5	7	2	0	2	0	2	2	4	7	11
35-44 "	0	0	0	5	1	6	1	0	1	0	1	1	6	2	8
45-54 "	2	0	2	3	1	4	0	0	0	2	0	2	5	1	6
55-64 "	1	0	1	0	3	3	0	1	1	0	0	0	0	4	4
65-74 "	1	0	1	0	1	1	0	0	0	0	0	0	0	1	1
75-84 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85 & Over.	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
Total:	4	3	7	13	11	24	6	1	7	6	9	15	25	21	46

NON-PULMONARY TUBERCULOSIS:

TOTAL OF DEATHS REGISTERED AMONG RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Of Intestines.	0	0	0	0	1	1	0	0	0	1	1	2	1	2	3
Of Nervous System	0	0	0	1	0	1	0	0	0	1	0	1	2	0	2
Of Vertebral) Column.)	0	0	0	0	0	0	0	1	1	1	0	1	1	1	2
Disseminated T.B.	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
Total :	0	0	0	2	1	3	0	1	1	3	1	4	5	3	8

DEATH RATES PER 1000 LIVING.

European	:	0.00)	
Native	:	0.23)	
Coloured	:	0.49)	All Persons : 0.19
Asiatic	:	0.49)	
All Non-European	:	0.35)	

C A N C E R

DEATHS IN AGE GROUPS.

RESIDENTS

	Eur.			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2- 4 yrs.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5-14 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15-24 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-34 "	0	1	1	2	1	3	0	0	0	0	0	0	2	1	3
35-44 "	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
45-54 "	2	2	4	2	0	2	1	1	2	0	0	0	3	1	4
55-64 "	3	1	4	0	0	0	0	1	1	0	1	1	0	2	2
65-74 "	2	1	3	0	1	1	0	0	0	0	0	0	0	1	1
75-84 "	3	3	6	0	0	0	1	0	1	0	0	0	1	0	1
85 & Over.	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0
Total :	11	10	21	4	2	6	2	2	4	0	1	1	6	5	11

DEATH RATES PER 1000 LIVING.

European Males : 1.06: Females : 0.92: Persons : 0.98:
Native : 0.46
Coloured : 1.98
Asiatic : 0.12
All Non-Eur: Males: 0.41: Females :0.59: Persons : 0.48

All Persons . 0.72

FORMS OF CANCER CAUSING DEATH

	Eur:			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Buccal Cavity.	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Digestive Organs.	8	6	14	4	1	5	1	0	1	0	0	0	5	1	6
Uterus.	0	2	2	0	0	0	0	2	2	0	0	0	0	2	2
Breast.	0	1	1	0	0	0	0	0	0	0	1	1	0	1	1
Male.Gen-Ur.Organs	1	0	1	0	0	0	1	0	1	0	0	0	1	0	1
Other.	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1
Total:	11	10	21	4	2	6	2	2	4	0	1	1	6	5	11

PERCENTAGE OF ALL DEATHS FROM CANCER IN FOUR AGE GROUPS.

	European			Non-European		
Age Group	M	F	P	M	F	P
0-24	0	0	0	0	0	0
25-44	0	20	9	33	20	27
45-64	45	30	38	50	60	55
65 & Over.	55	50	53	17	20	18
	100	100	100	100	100	100

CANCER Cont'd.

FORMS OF CANCER CAUSING DEATH

GIVEN IN AGE GROUPS

RESIDENTS ONLY.

	0-24				25-44				45-64				65 & Over			
	Eur.		N-Eur.		Eur.		N-Eur.		Eur.		N-Eur.		Eur.		N-Eur.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Digestive Organs.																
Tongue.	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
Stomach.	0	0	0	0	0	0	1	0	1	0	0	0	2	2	1	0
Liver.	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
Large Intestine	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Rectum.	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	1
Oesophagus.	0	0	0	0	0	0	0	0	1	1	0	0	2	0	0	0
Pancreas.	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
	0	0	0	0	0	2	2	0	5	1	2	0	5	3	1	1
Respiratory Organs.																
Lungs.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uterus.																
Uterus.	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Cervix.	0	0	0	0	0	0	0	0	0	1	0	1	0		0	0
	0	0	0	0	0	0	0	0	0	1	0	2	0	1	0	0
Breast.																
Breast.	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
Male Ur-Gen.Organs.																
Bladder.	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Prostate.	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Skin.																
Foot.	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Others.																
Sarcoma Bone.	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
TOTAL :	0	0	0	0	0	2	2	1	5	3	3	3	6	5	1	1

DEATHS DUE TO BRONCHITIS AND PNEUMONIA.

RESIDENTS.

	EUR:			NAT.			COL:			AS:			ALL NON-EUR.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July.	0	2	2	1	2	3	1	0	1	3	0	3	5	2	7
August.	0	0	0	2	1	3	0	1	1	1	1	2	3	3	6
September.	1	0	1	1	2	3	0	0	0	1	0	1	2	2	4
October.	0	1	1	0	0	0	0	0	0	3	1	4	3	1	4
November.	0	0	0	1	1	2	0	1	1	0	1	1	1	3	4
December.	0	2	2	2	2	4	0	0	0	0	0	0	2	2	4
January.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February.	1	1	2	2	1	3	0	0	0	0	1	1	2	2	4
March.	0	0	0	1	1	2	0	0	0	3	0	3	4	1	5
April.	0	1	1	2	1	3	2	0	2	1	1	2	5	2	7
May.	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
June.	0	2	2	2	4	6	1	0	1	2	1	3	5	5	10
Total:	2	9	11	14	15	29	4	2	6	15	6	21	33	23	56

Bronchitis.	1	5	6	4	2	6	2	0	2	6	2	8	12	4	16
Pneumonia.	1	4	5	10	13	23	2	2	4	9	4	13	21	19	40
	2	9	11	14	15	29	4	2	6	15	6	21	33	23	56

DEATHS PER THOUSAND LIVING.

BRONCHITIS.

Europeans	0.28)	All Persons 0.50
Native	0.46)	
Coloured	0.99)	
Asiatic	0.99)	
All Non-Eur.	0.70)	

PNEUMONIA.

Europeans	0.23)	All Persons: 1.01
Native	1.77)	
Coloured	1.98)	
Asiatic	1.61)	
All Non-Eur	1.74)	

DISEASES OF THE HEART

(Code Nos.350-357)

DEATHS IN AGE GROUPS.

	EUR:			NAT..			COL.			AS.			ALL NON-EUR.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Under 1 year.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2- 4 yrs.	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
5-14 "	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15-24 "	0	0	0	0	0	0	0	0	0	0	3	3	0	3	3
25-34 "	1	0	1	2	0	2	0	0	0	0	0	0	2	0	2
35-44 "	1	0	1	1	2	3	0	0	0	2	0	2	3	2	5
45-54 "	2	0	2	0	0	0	1	0	1	0	1	1	1	1	2
55-64 "	4	2	6	2	0	2	0	0	0	1	1	2	3	1	4
65-74 "	9	1	10	0	0	0	0	0	0	0	2	2	0	2	2
75-84 "	3	2	5	0	0	0	0	0	0	3	2	5	3	2	5
85 & Over.	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
Total:	20	5	25	6	2	8	1	0	1	7	9	16	14	11	25

DEATH RATE PER 1000 LIVING.

European	:	1.17)	
Native	:	0.62)	
Coloured	:	0.49)	All Persons : 1.13
Asiatic	:	1.98)	
All Non-Eur:	:	1.09)	

DEATHS DUE TO DIARRHOEA AND ENTERITIS.

(Under age of 2 years)

(1) RESIDENTS.

	Eur.			Nat:			Col:			As:			All Non-Eur:		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	0	0	0	0	1	1	1	0	1	0	1	1	1	2	3
September	0	0	0	0	1	1	1	0	1	0	0	0	1	1	2
October	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
November	1	0	1	0	2	2	0	0	0	1	1	2	1	3	4
December	2	0	2	2	3	5	1	0	1	2	0	2	5	3	8
January	1	0	1	2	2	4	0	0	0	1	1	2	3	3	6
February	1	0	1	2	5	7	0	0	0	1	0	1	3	5	8
March	0	0	0	2	3	5	1	0	1	0	0	0	3	3	6
April	0	0	0	3	0	3	0	1	1	0	1	1	3	2	5
May	0	0	0	0	2	2	0	0	0	0	0	0	0	2	2
June.	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1
Total:	5	1	6	11	20	31	4	1	5	6	4	10	21	25	46

DEATH RATE PER 1000 LIVING.

European	:	0.28)	
Native	:	2.40)	
Coloured	:	2.47)	All Persons : 1.17
Asiatic	:	1.23)	
All Non-European	:	1.99)	

(2) NON-RESIDENTS.

	Eur:			Nat:			Col:			As:			All Non-Eur.		
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
July	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
August	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
November	0	0	0	1	2	3	0	0	0	1	0	1	2	2	4
December	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1
January	0	0	0	3	2	5	0	0	0	0	0	0	3	2	5
February	0	1	1	2	3	5	0	0	0	0	0	0	2	3	5
March	0	0	0	2	2	4	0	0	0	0	0	0	2	2	4
April	0	0	0	1	1	2	0	0	0	0	0	0	1	1	2
May	0	0	0	5	0	5	1	0	1	0	0	0	6	0	6
June	0	0	0	2	2	4	0	0	0	0	0	0	2	2	4
Total:	0	1	1	18	13	31	1	0	1	1	0	1	20	13	33

NOTIFICATIONS OF INFECTIOUS DISEASE

(Excluding MALARIA.)

BOROUGH INFECTIONS.

	Eur:			Nat:			Col:			As:			All N-Eur:			
	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	Total
Tuberculosis Pulmonary.	10	6	16	26	12	38	6	1	7	5	8	13	37	21	58	74
Tuberculosis Non-Pulmonary:-																
T.B.Peritonitis	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	1
T.B.of Spine.	0	0	0	2	0	2	0	0	0	0	0	0	2	0	2	2
T.B.of Glands.	0	0	0	1	0	1	0	0	0	1	0	1	2	0	2	2
T.B.of Ribs and Bone.	0	0	0	1	0	1	0	0	0	1	0	1	2	0	2	2
T.B.of Larynx.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Scarlet Fever.	8	17	25	0	0	0	0	0	0	0	2	2	0	2	2	27
Diphtheria.	24	18	42	1	0	1	1	0	1	2	3	5	4	3	7	49
Erysipelas.	3	3	6	0	0	0	0	0	0	0	0	0	0	0	0	6
Typhus Fever.	1	0	1	1	1	2	0	0	0	0	0	0	1	1	2	3
Trachoma.	0	0	0	0	0	0	0	0	0	1	1	2	1	1	2	2
Enteric Fever.	2	4	6	7	4	11	1	2	3	3	0	3	11	6	17	23
Cerebro-Spinal Meningitis.	1	0	1	0	1	1	0	0	0	0	0	0	0	1	1	2
Total :	50	48	98	39	18	57	8	3	11	13	15	28	60	36	96	194

DISTRICTS OF RESIDENCE OF CASES SUFFERING WITH ENTERIC FEVER AND PULMONARY TUBERCULOSIS.

	Enteric Fever.	Pulm.Tuberculosis.
In City Area:		
East.	13	38
West.	2	13
Outside City Area:		
Ward 1.	7	8
2.	1	0
3.	0	1
4.	0	0
5.	0	1
6.	0	3
7.	0	6
8.	0	4
Total :	23	74

M A L A R I A

NEW INFECTIONS.

A. INFECTED WITHIN THE BOROUGH.

	European.	Native.	Coloured.	Asiatic.	All Races.
Benign Tertian.	108	27	12	25	172
Sub - Tertian.	165	93	10	32	300
Total:	273	120	22	57	472

B. INFECTED OUT OF THE BOROUGH BUT ENTERING FOR TREATMENT.

	European.	Native.	Coloured.	Asiatic.	All Races.
Adjacent Areas:					
Benign Tertian.	5	32	1	6	44
Sub - Tertian.	8	87	3	8	106
Outside Areas:					
Benign Tertian.	73	106	1	5	185
Sub - Tertian.	92	739	3	32	866
Total:	178	964	8	51	1201

NEW INFECTIONS.

Week Ending.	Infected in Borough. Cases Notified.	Infected in Borough. Probable Infection.	Infected Out-of-Borough Cases Notified. Adj. Areas.	Infected Out-of-Borough Cases Notified. Other Districts.	Total
Dec. 29.	0	2	-	-	
Jan. 5.	0	5	-	-	
12.	0	2	-	-	
19.	7	7	6	11	17
26.	1	18	3	10	13
Feb. 2.	7	10	6	5	11
9.	11	22	8	15	23
16.	9	42	8	14	22
23.	19	46	10	31	41
Mar. 2.	38	49	14	49	63
9.	50	44	20	78	98
16.	34	31	16	82	98
23.	45	35	13	67	80
30.	35	20	8	65	73
Apr. 6.	29	47	2	88	90
13.	24	31	9	78	87
20.	39	22	5	94	99
27.	35	16	5	94	99
May. 4.	22	20	6	97	103
11.	28	3	4	64	68
18.	19	0	1	59	60
25.	10	0	0	22	22
June. 1.	8	0	0	14	14
8.	2	0	0	12	12
15.	0	0	0	8	8
Total:	472	472	144	1057	1201

MALARIA Cont'd.

MALARIA CONTROL IN THE BOROUGH.

ANOPHELINE LARVAE IDENTIFIED... ...	1885
CULICINE " " ...	2937
WATER TEMPERATURE READINGS.	862
BLOOD SLIDES EXAMINED.	902
CASES and SUSPECTED CASES VISITED ...	528
RAIN-ROAD POOLS INSPECTED.	1023
PERMANENT POOLS INSPECTED.	2967
SPRUITS INSPECTED...	362
SEEPAGES "	1193
WELLS and SPRINGS INSPECTED.... ...	129
OPEN GROUND INSPECTED.	51
EARTH DRAINS INSPECTED	1394
OTHER VISITS.	385

ANTI-LARVAL OIL USED IN BOROUGH : 12036 gallons.
ANTI-LARVAL OIL USED IN ADJACENT AREAS : 4725 "

ROOMS SPRAYED IN BOROUGH : 13068
ROOMS SPRAYED IN ADJACENT AREAS : 5426

STAFF FOR MALARIA CONTROL WORK.

I BOROUGH.

Dec.1933 - May,1934. 1 Certificated Inspector (seconded from General work.)
1 Certificated Inspector (temporary)

Jan.1934-May,1934. 2 Native Malaria Visitors.
1 Indian House Sprayer.
2 Native House sprayers.
2 Native Spotters.
6 to 8 Native Oilers.
2 Learner Inspectors (seconded from General work.)
1 Lorry Driver.

II ADJACENT AREAS.

Jan.15.- May 15.1934. 2 Inspectors.
1 Native Spotter.
5 to 12 Native Oilers and House Sprayers.

.....

VENEREAL DISEASE

V.D.CLINIC : BOROUGH AND OUT-OF-BOROUGH CASES.

JULY 1933 - JUNE 1934.

	European			Non-European			Total		
	M	F	P	M	F	P	M	F	P
Syphilis:									
New Cases:	32	9	41	679	408	1087	711	417	1128
Total Attendances.	186	38	224	2644	1476	4120	2830	1514	4344
Av.Attend.per Case.	5.8	4.2	5.5	3.9	3.6	3.8	4.0	3.6	3.9
Gonorrhoea:									
New Cases:	11	-	11	124	-	124	135	-	135
Total Attendances.	234	-	234	4548	-	4548	4782	-	4782
Av.Attend.per Case.	21.3	-	21.3	36.7	-	36.7	35.4	-	35.4

V.D.CLINIC : DETAILED STATEMENT FOR 6 MONTHS. JANUARY 1st - JUNE 30th, 1934.

	Borough Cases:								Out-of-Borough Cases.							
	Eur:		Nat:		Col:		As:		Eur:		Nat:		Col:		As:	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ew Cases:																
Syphilis.	11	5	252	36	5	9	46	4	3	2	101	39	2	1	7	7
Gonorrhoea.	8	0	41	0	4	0	23	0	0	0	0	0	0	0	0	0
ttendances:																
Syphilis.	89	24	950	118	62	59	189	19	18	6	455	581	2	3	55	19
Gonorrhoea.	219	0	1623	0	286	0	1513	0	0	0	0	0	0	0	0	0
.A.B. In-) jections.)	76	23	554	84	42	39	130	15	16	6	301	414	1	0	41	12
ass. Taken.	21	7	280	27	10	13	38	4	2	0	108	141	2	2	13	7
ass.Positive.	8	2	150	22	3	7	12	3	2	0	67	95	1	0	3	2

VENEREAL DISEASE CASES ADMITTED TO EPIDEMIC HOSPITAL.

(All Non-European Males)

	Borough Residents.	Out-of-Borough Residents.	Total
Syphilis.	52	76	128
Syphilis & Gonorrhoea.	17	17	34
Gonorrhoea.	12	13	25
Total :	81	106	187

TOTAL NUMBER OF N.A.B. INJECTIONS GIVEN AT EPIDEMIC HOSPITAL : 536.

HOSPITALS

(1) ISOLATION HOSPITAL.

(a) Cases remaining on July 1st, 1933.

	EUROPEAN						NON-EUROPEAN						Total
	Borough Cases.			O/Borough Cases.			Borough Cases.			O/Borough Cases.			
	M	F	P	M	F	P	M	F	P	M	F	P	
Scarlet Fever	1	0	1	2	1	3	0	0	0	0	0	0	4
Chicken Pox.	1	2	3	0	0	0	0	0	0	0	0	0	3
Total:	2	2	4	2	1	3	0	0	0	0	0	0	7

(b) Cases admitted, July 1st, 1933 - June 30th, 1934.

Diphtheria.	26	17	43	5	2	7	3	6	9	0	3	3	62
Scarlet Fever.	4	7	11	5	1	6	0	0	0	0	0	0	17
Measles.	11	18	29	6	2	8	3	0	3	0	0	0	40
Chicken Pox.	1	7	8	3	0	3	0	0	0	0	0	0	11
Whooping Cough	0	3	3	1	1	2	0	0	0	0	0	0	5
Typhus.	0	1	1	0	1	1	0	0	0	0	0	0	2
Scabies.	0	1	1	0	0	0	0	0	0	0	0	0	1
Erysipelas.	1	3	4	0	0	0	0	0	0	0	0	0	4
Mumps.	2	0	2	0	0	0	0	0	0	0	0	0	2
C.S.Meningitis.	1	0	1	0	0	0	0	0	0	0	0	0	1
Germ.Measles.	0	1	1	0	0	0	0	0	0	0	0	0	1
Gonorrhoea.	0	1	1	1	0	1	0	0	0	0	0	0	2
Syphilis.	0	0	0	0	1	1	0	0	0	0	0	0	1
Urticaria.	1	1	2	0	0	0	2	0	2	0	0	0	4
Tonsillitis.	0	1	1	0	0	0	0	0	0	0	0	0	1
Total :	47	61	108	21	8	29	8	6	14	0	3	3	154

(c) Cases remaining in Hospital on June 30th, 1934.

Measles	2	2	4	0	0	0	0	0	0	0	0	0	4
Scarlet Fever.	3	1	4	1	0	1	0	0	0	0	0	0	5
	5	3	8	1	0	1	0	0	0	0	0	0	9

(d) Average Length of Stay in Hospital per Case.

Diphtheria	:	13.5 days
Scarlet Fever.	:	29 "
Measles.	:	13.5 "
Chicken Pox.	:	13.5 "
Whooping Cough.	:	26 "
Erysipelas.	:	15.5 "
Other Diseases.	:	10.5 "

(e) Deaths:

Diphtheria	:	2 Non-European.
Measles & Bronchial Pneumonia	:	1 European

HOSPITALS Cont'd.

EPIDEMIC HOSPITAL

(Non-European : Males Only.)

(a) Cases remaining in Hospital on July 1st, 1933:

	Borough Cases.	Out of Borough Cases.	Total.
Syphilis.	5	1	6
Chicken Pox.	1	0	1
Anthrax.	0	1	1
Total :	6	2	8

(b) Cases admitted July 1st, 1933 - June 30th, 1934:

	Borough Cases.	Out of Borough Cases.	Total.
Syphilis	52	76	128
Gonorrhoea.	12	13	25
Syphilis and Gonorrhoea.	17	17	34
Chicken Pox.	26	1	27
Measles.	1	0	1
Leprosy.	0	2	2
Malaria.	0	1	1
Urticaria.	1	0	1
Total:	109	110	219

(c) Cases remaining in Hospital on June 30th, 1934 :

	Borough Cases	Out of Borough Cases.	Total
Syphilis	1	4	5
Gonorrhoea	0	3	3
Syphilis and Gonorrhoea.	0	5	5
Chicken Pox.	2	0	2
Total:	3	12	15

(d) Average Length of Stay in Hospital per Case:

Syphilis .	:	19.5 days
Gonorrhoea .	:	16 "
Syphilis & Gonorrhoea.	:	23 "
Chicken Pox.	:	11.5 "
Other Diseases.	:	11 "

(e) Total Deaths : NIL.

INFANT WELFARE

1. ANTE-NATAL CLINIC.

	Eur:	Nat:	Col:	As:	Total:
Number on Register.	157	0	59	0	216
Total Attendances.	561	0	160	0	721
Av.Attendance per Person	3.6	-	2.7	-	3.3

2. INFANT CLINICS.

	Eur:	Nat:	Col:	As:	Total
Number on Register.	439	225	98	94	856
Total Attendances.	3953	1367	1106	515	6941
Av.Attendance per Person.	9.0	6.1	11.3	5.5	8.1

3. HOME VISITS.

	Eur:	Nat:	Col:	As:	Total
Ante-Natal	43	131	16	0	190
First Visits (Notified births)	169	251	48	0	468
Re-Visits -1 year.	366	2590	90	0	3046
Re-Visits -1 to 6 yrs.	634	2380	148	0	3162
Infectious Disease) (Non T.B.)	109	2	25	7	143
Protected Children	36	0	8	0	44
Confinement Visits.	0	213	0	0	213
Total:	1357	5567	335	7	7266

4. MILK SUPPLIED AT CLINIC.

	By Municipality	By Child Welfare Society	Total
Pints Supplied.	7414	7868	15282.
Families receiving) Milk.)	29	27	56

DISINFECTION AND DISINFESTATION.

Rooms disinfected because of disease 79
Rooms fumigated for destruction of vermin 652
Bedding,Clothing,etc..... .....Lots...558

MUNICIPAL LABORATORY.

1. EXAMINATIONS DONE AT DEPARTMENT'S LABORATORY:

Swabs for B.Diphtheriae.	405
Sputa for B.Tuberculosis .	3
Blood Slides for Malaria) Parasites ....)	928
Blood for Enteric Organisms	8

2. EXAMINATIONS DONE BY ALLERTON LABORATORY:

Water Samples for Coliform Organisms	60
Milk Samples for Organisms . ..	188

F O O D S T U F F S

1. MILK.

BACTERIOLOGICAL EXAMINATION.

Samples with less than 30,000 Bacteria per c.c.	67
" " between 30,000 & 200,000 " " "	69
" " more than 200,000 bacteria per c.c.	52
Total :-	188
Samples with B.Coli in 1/10 cc.& 1/100 c.c.	80
" " B.Coli " 1/10 c.c.but none in 1/100 c.c	46
" " No B.Coli in 1/10 c.c. ...	62
Total :-	188

CHEMICAL EXAMINATION.

Samples with Milk Fat above 4%.	31	
" " " " between 3.5 & 4%.	37	
" " " " " 3.0 & 3.5%	19	
" " " " below 3.0%.	3	90
" " Solids-not-Fat 8.5% or more	60	
" " " " " less than 8.5%	30	90

2. ICE CREAM.

Samples with 8% Milk Fat or more.	4
" " less than 8% Milk Fat.	4
	8

3. CREAM.

Samples with over 25% Fat.	4
" " less than 25% Fat.	0
	4

4. SAUSAGES.

Samples with less than 450 parts per Million Preservative.	1
" " over 450 parts per Million Preservative.	4
	5

FOODSTUFFS Cont'd.

5. HONEY.

1 Sample found to be genuine honey.

6. MILK.

1 Sample found to contain no preservative.

FOODS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

The following foodstuffs were inspected and condemned in the Municipal Market and in Shops within the Borough :-

Apples.	5 trays.	Pears.	2 boxes.
Apples.	15½ cases.	Pears.	3 baskets.
Apricots.	2 baskets.	Pears.	6 trays.
Bananas.	1 cask.	Peaches.	30 boxes.
Beans, Green.	17 pockets.	Peaches.	51 baskets.
Cauliflowers.	11 bags.	Peaches.	160 trays.
Chillies.	1 pocket.	Peaches.	10 lots.
Cucumbers, Pickled.	1, 4 gal. tin.	Plums.	8 baskets
Cabbages.	20 bags.	Plums.	19 cases.
Cream.	3 cartons.	Potatoes.	21 sacks.
Cream Cheese.	14 cartons.	Pompamoose.	1 box
Cheese.	8 lbs.	Soup, Desiccated.	2 tins
Chocolates.	5 boxes.	Tomatoes.	39 boxes
Chocolates.	1 bottle.	Tomatoes.	104 trays.
Chocolates.	1 tray.	Beef.	37 lbs.
Figs.	6 boxes.	Bacon.	81½ lbs.
Figs.	8 trays.	Eggs.	87 dozen.
Figs, Dried.	39 trays.	Fowls, Dressed.	65
Grapes.	56 baskets.	Fowls, Guinea.	5
Grapes	3 trays.	Fish.	82 lbs.
Jams.	19 tins	Fish.	2 tins.
Melons, Water.	42	Hares.	4
Mangoes.	2 trays.	Ham.	68¼ lbs.
Macaroni.	2 packets.	Pigeons.	24
Naartjes.	36 lots.	Salmon	16 tins
Naartjes.	14 cases.	Sardines	57 "
Nectarines.	7 trays.	Venison	6 Carcases.
Oranges.	1 pocket.	Venison	111 lbs.
Peas, Green.	6 pockets.	Cooked Meats etc.	198 lbs.
Peas, Green.	24 packets.		

A B A T T O I R

1. ANIMALS SLAUGHTERED:

CATTLE	:	9518
CALVES	:	670
SHEEP	:	29736
GOATS	:	136
PIGS	:	2969
	Total:	43029

2. ANIMALS EXAMINED AFTER SLAUGHTER IN OTHER ABATTOIRS:

CARCASES	BEEF	77
"	MUTTON	172
"	VEAL	3
"	PORK	5
	Total:	257

3. INCIDENCE OF CERTAIN DISEASES :

DISEASE	Carcases Examined.	Carcases Infected.	% Infected.	Carcases Condemned.	% Condemned
CATTLE - 'Measles' (Cysticercus Bovis)	9518	530	5.56	120	1.26
CALVES - 'Measles' (Cysticercus Bovis)	670	37	5.52	37	5.52
PIGS - 'Measles' (Cystic.Cellulosæ)	2969	52	1.75	52	1.75
CATTLE - Tuberculosis.	9518	53	0.56	6	0.06
PIGS - Tuberculosis.	2969	76	2.55	6	0.22

4. SUMMARY OF MEAT CONDEMNED :

	Carcases.	Approx.Weight.
BEEF. .. .	191	88,730 lbs.
BEEF. - Portions of Carcases, organs, etc.)		92,270 "
VEAL	59	3,040 "
PORK	63	9,325 "
PORK - Organs etc. ..		2,180 "
MUTTON	209	4,870 "
MUTTON - Organs etc.		69,470 "
GOAT	1	25 "
	Total:	269,910 lbs.

ABATTOIR Cont'd.

MEAT CONDEMNED (Approximate Weight)

Statement of Carcases and Meat found to be affected with disease and unfit for human consumption: 1/7/33 to 30/6/34.

	BOVINES.			PIGS			SHEEP		
	Condemned.			Condemned			Condemned		
	Car Inf.	Whole Car.	Portions of Carcase Approx. Weight	Car. Inf.	Whole Car.	Portions of Carcase Approx. Weight.	Car Inf	Whole	Portions of Car. Approx. Weight.
Actinomycosis.	43	0	2,150	-	-	-	-	-	-
"Measles".	567	157	61,450	52	52	0	-	-	-
Lymphadenitis.	-	-	-	-	-	-	28	28	0
Mammitis.	1	1	0	-	-	-	-	-	-
Pneumonia.	-	-	-	-	-	-	1	1	0
Pyaemia.	11	11	0	1	1	0	7	7	0
Septicaemia.	-	-	-	3	3	0	-	-	-
Tuberculosis	53	6	2,060	76	6	1060	-	-	-
Tumours.	-	-	-	-	-	-	3	3	0
Anaemia.	-	-	-	-	-	-	18	18	0
Bruising, Decomposition) Dropsy, Emaciation Fever, Immaturity Odour (Urinous) Jaundice etc.)	75	75	4,916	1	1	171	153	153	150
Fluke Stilesia Hepatica. Cysts. Oesophagostomum Columbianum. Caseous Lymphadenitis. etc.	0	0	21,700	0	0	950	0	0	69,323

	GOATS Condemned.		
	Car. Inf.	Whole Car.	Portions of Carcase. Approx. Weight.
Bruising. Decomposition. Dropsy. Emaciation. Fever. Immaturity. Odour (Urinous) Jaundice etc.	1	1	0

LICENCE APPLICATIONS.

(1) Applications dealt with under Dealers (Wholesale and Retail) Act No.18,1897,Section 8, and the Borough By-Laws.

1933-1934	1	2	3	4	5	6	7	8	9	10	11	Total
Applications received.	682	24	28	21	73	9	22	359	5	95	7	1325
Applications approved-without conditions.	650	24	26	19	63	8	21	334	5	88	7	1245
Applications approved-subject to conditions since carried out.	16	0	1	2	4	1	1	18	0	3	0	46
Applications not in order.	16	0	1	0	6	0	0	6	0	4	0	33
Applications withdrawn.	0	0	0	0	0	0	0	0	0	0	0	0
Applications in abeyance.	0	0	0	0	0	0	0	1	0	0	0	1

Key to above table :-

1. General Dealers.
2. Aerated Water Manufacturers.
3. Butchers.
4. Boarding Houses.
5. Eating and Refreshment Rooms.
6. Bakers and Millers.
7. Hairdressers.
8. Hawkers.
9. Laundries.
10. Produce Dealers.
11. Places of entertainment.

(2) Dairy Licence Applications.

1934 only.	Registration of Dairies.	Permit to introduce Milk into Borough.	Milkshops.	Total.
Applications received.	80	39	18	137
Approved without conditions.	64	31	16	111
" subject to certain conditions.	11	7	1	19
Unapproved pending satisfactory completion of certain requirements.	2	0	0	2
Refused.	1	0	1	2
Withdrawn.	2	1	0	3

(3) Applications dealt with under Urban Areas Act.

Applications received.	74
Applications returned "Not in Order."	18
Applications approved for temporary licence.....	10
Applications approved subject to certain conditions....)..	46

S A N I T A T I O N.

Total of Inspections (General) carried out.....	16109
Total of Inspections by Rodent& Fumigation) Inspector ..)...	2746
Total of Notices and Letters served re Con-) traventions of By-Laws.)...	1166

INSPECTIONS (GENERAL) given in detail : 1.7.33 to 30.6.34.

Public Markets.	395	
Butchers' Shops.	380	
Dealers & General Dealers (Food.)	1033	
Dealers & General Dealers (No Food)	366	
Fish & Poultry Shops.	78	
Bakers Shops.	29	
Bakehouses.	96	
Milkshops (Purveyors of)	119	
Ice Cream (Purveyors of)	18	
Tea Shops, Cafes, Restaurants, Eating Houses.	511	
Residential Hotels, Boarding Houses.	167	
Aerated Water Manufacturers.	7	
Other places where food is manufactured.	33	
Hawkers' premises.	43	
Hawkers' Carts.	142	
Butchers' Carts and Carriers.	16	
Milk Delivery Carts.	343	
Bakers' Carts.	7	
Ice Cream carts.	1	
Theatres and Bioscopes.	63	
Common Lodging Houses.	-	
Barracks.	735	
Other House Inspections. (Incl.Native Quarters)	2744	
Hairdressers.	51	
Laundries.	71	
Factories and Workshops.	190	
Courts, Lanes and Alleys.	73	
Open Ground.	435	
Piggeries.	2	
Horse Stables.	385	
Dairy Stables and Dairies.	391	
Cattle Dealers' Premises.	6	
Visits in connection with Infectious Disease.	403	
Standing water, Catchpits, etc.	648	
Undrained premises.	64	
Public Sanitary Conveniences.	473	
Refuse Tips	22	
Other Visits.	2789	
Structural defects in premises.	1210	
	14539	14,539

Reports for transmission to other Departments:-

(1) City Engineer's Department:

Stopped Drains.	78	
Defective Water Fittings.	21	
Other Defects.	57	
Unauthorised Structures.	35	
Sites etc. re Plans .	534.	
	725	725
C.Forward.		15,264

SANITATION Cont'd.

B. Forward	15,264
Reports for transmission to other Departments :-	
(2) Municipal Native Administration Dept.	
Inspection of Premises under Urban Areas Act. ..	274
(3) Licensing Department :	
Inspection of Premises re Licence Applications.	571
TOTAL :	16,109

PROSECUTIONS.

Under By-Law or Act.	Charge.	Magistrate's Verdict.	Penalty
P.H.By-Law 16.	Use of disused privy as Native dwelling.	Guilty.	10/-
" " " 19	Re-occupation of condemned room.	"	10/-
Dairy By-Law 29.	Filling of Milk Bottles on the street.	"	£1
Food,Drugs & Dis.Act.	Deficiency of Cream.	"	£2
" " " " "	" " "	"	10/-
" " " " "	Excess of Sulphur Dioxide Preservative.	"	£1.
" " " " "	" " " " "	"	10/-
" " " " "	" " " " "	"	10/-
" " " " "	" " " " "	"	10/-
" " " " "	Deficiency of Milk Fat.	Not Guilty.	-
" " " " "	" " " "	Cautioned & Discharged.	

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PROSECUTIONS Cont'd.

Under By-Law or Act.	Charge.	Magistrate's Verdict.	Penalty.
P.H.By-Law 26.	Keeping of fowls under insanitary conditions.	Guilty.	2/6
" " " 25 & 30.	Keeping of Mules in yard under insanitary conditions.	Cautioned &	Discharged
Foodstuffs, Sec.3.	Sale of Beans unfit for human consumption.	Guilty.	10/- or 7 days.
P.H.By-Law 16 & Urban Areas Act.	Natives occupying unlicensed quarters, unfit for habitation.	Guilty 1st Count. " 2nd Count.	10/- 5/-
Foodstuffs, Sec.3.	Use as bedroom, room communicating with Food Store.	Guilty.	2/6
" " "	Sale of Tomatoes unfit for human consumption.	"	10/- or 7 days.
P.H.By-Law 16.	Native quarters not in compliance with requirements of By-Laws.	Guilty, 1st Count. 2nd Count.	10/- Cautioned & discharged.
Foodstuffs, Sec.3.	Exposure of bread to contamination.	Cautioned and Discharged.	

CONDEMNED PREMISES.

Rooms and Buildings condemned and/or demolished:-

(a) Under Public Health By-Law 19 (a) (Condemnation):

Boom Street.	Barracks.
Retief Street.	2 Rooms.

(b) Under Public Health By-Law 19 (b) (Demolition) :

Church Street.	1 Room & kitchen.
East Street.	W.C. (Disused)
French Road.	Wood & Iron Rooms.
Cook Road.	Wood & Iron Rooms.
Cook Road.	Wood & Iron dwelling.
Greyling Street.	Wood & Iron room.
Church Street.	Wood & Iron Room.
French Road.	Wood & Iron dwelling .
Zwartkop Road.	2 Rooms.
Church Street.	Wood and Iron Shack.
Berg Street	Burnt & Green Brick Shack.
Church Street.	2 Brick Rooms.
Camp Drift Area.	8 Wood & Iron Shacks and) 1 Wattle & Daub shack.)

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11 DEC 1934